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Clinical Lecture.

OBSTRUCTION OF THE BOWELS BY A GALL-STONE — TUBERCULAR PERITONITIS. CIRRHOSIS OF THE LIVER.¹

By W. E. HUGHES, M.D.

GENTLEMEN:—I wish to ask your attention to the result of an interesting post-mortem examination. The man was admitted to the hospital on April 9, 1890. He was a clerk; father, two sisters, and brother died of phthisis. Never had any lung trouble, but had pain in his chest at times. He was a drinker. Ten days before he came to the hospital he jumped from a car and received a violent twist. This was followed by pain in the abdomen, which increased; he felt half paralyzed, and vomited. Once before this he was in the hospital, and was told that he had consumption. Before he came in he was in apparently good health, but in jumping from the car he injured his abdomen, which was followed in a day or so by localized pain in this region, principally in the right iliac and hypochondriac regions; the abdomen was distended, and the coils of the intestines could be outlined. There was no evidence of effusion. When he came in his temperature was 98° F., and by the time he died it was 102° F. Bowels were constipated, but were moved easily by purgatives. He developed diarrhoea. At the apex of the right lung there was an area of slight dullness and moist râles, while in the lower part was an area of moist friction sounds. The prominent symptoms were those in the abdomen. The pain had never

been very intense, and was not paroxysmal, but was increased by attempts at motion or pressure. The diagnosis was peritonitis. The liver dullness was scarcely to be found, but near the fifth rib there was an area of partial dullness, so that I thought of perforation with escape of gas into the abdominal cavity. It was also concluded that he had cirrhosis of the liver, due to alcoholism. He soon went into a condition of collapse and died. The treatment consisted of morphine to relieve pain, and stimulants with salines. He was never jaundiced.

Post-mortem showed a double pneumonia with the lesions of phthisis. In the abdomen the intestines were fully distended with gas. No lymph or effusion was found. The lower end of the ilium was congested, and filled with liquid feces. The parts were opened and a large gall-stone was found, that was covered with a layer of carbonate of lime, due to lying in the intestine. This gall-stone must have passed shortly after his injury, without the usual symptoms in such cases. The pain was persistent in place of paroxysmal, and there was no jaundice. When the stone reached the ileo-caecal valve, it could not pass through, and produced an obstruction of the bowels—the bowel above the stone was full of faecal matter. A large stone may pass by ulceration into the bowel, and produce obstruction. The liver was found in a condition of slight cirrhosis. The reason the liver dullness could not be outlined was due to the extreme distention of the intestines by gas.

TUBERCULAR PERITONITIS.

I have here a colored man, whose family history is negative, who had an attack of influenza and pleurisy that was followed by a little cough. Last fall this patient had a very severe cold, and after that he was not as well as he had been previously. Has night-

¹ Delivered at Philadelphia Hospital, April 26, 1890. Reported by W. B. Stewart, M.D.

sweats; fever; bowels irregular, with a tendency to diarrhoea; has lost strength, and soon began to complain of abdominal symptoms. His temperature fluctuated seven degrees in twelve hours. Fluid was found in his abdominal cavity, and he was tapped, but soon filled up again. The abdomen is irregularly distended, and the coils of the intestines can be outlined through the abdominal wall; which means a certain amount of paralysis of the intestines with relaxation of the abdominal walls. The fluid seems to be confined in narrow limits. We may conclude that there is an effusion, localized, and, at the same time, there are local masses that seem to be due to a matting of the intestines together by adhesions. Investigation of the condition of the lungs shows dullness at both apices; breathing blowing; moist and dry râles. There is a great amount of dry pleurisy here. This man has phthisis with a more marked tendency to pleurisy than ordinary cases. There is a valvular trouble in the heart, that I think antedates the phthisis. From the fact that he has tuberculosis of the lungs, all other symptoms point to the diagnosis of tubercular peritonitis, which is most common in young men of the colored race. It is, usually, a curiously insidious disease.

In these cases of tubercular peritonitis the onset is commonly slow, and may take months to develop. As a rule, not much pain will be complained of. Sudden death from collapse is common. Diagnosis in this case is confirmed by the lungs. The starting point has been the attack of pleurisy he had one year ago—a disease that is a common cause for the development of tuberculosis.

In the diagnosis, simple, chronic, and cancerous peritonitis must be considered. Cancer has more of an effusion than in this case; may be nodular; may be secondary, and there is cachexia. The cardiac trouble does not alter this man's condition. Treatment has been supporting, and he has been given a generous diet. Cod-liver oil and the hypophosphites did not agree with his stomach and had to be discontinued. Sulphate of magnesia is given in mild doses to move the bowels freely. The tendency to diarrhoea must be watched, and may require astringents. He has been given R.—Iodoformi gr. j; ferri redact. gr. j; three times a day. He has been in bed all of the time.

Tapping is only necessary for relief of mechanical interference with respiration. Prognosis in this case is bad, and the condition is one of extreme gravity. The cases of *true* tubercular peritonitis that are reported as cured, in my opinion, are cases of a mistaken diagnosis. Laparotomy does good in some cases by clearing away the clear lymph, and flushing the abdominal cavity with water that has been boiled or antisepicised. This man's present condition would not warrant that procedure.

CIRRHOSIS OF THE LIVER.

This is another case of abdominal distention. This man is seventy-three years old. His father lived one hundred years. Family history has no bearing on his case. His health has always been good. Three years ago he was in the hospital with a swelling of the feet, and was treated three weeks. He has been a very hard drinker of alcoholics. Three weeks ago his abdomen began to swell; he had severe pains; no appetite, and was sleepless; dyspnea, and temperature has been subnormal, except on two occasions, when it ran above normal. He has been exposed a great deal. His feet present a bluish color, with the capillaries and veins distended and engorged. Pain and

swelling in the abdomen came on first, followed by swelling of the feet. He is troubled with indigestion and marked constipation. You can see a perfectly uniform distension of the abdomen; there is œdema of the abdominal walls; abdominal veins are distended. There is a condition of ascites. The cause of this trouble is cirrhosis of the liver. He has had attacks of hemorrhoids; has a peculiar sallow hue to his face, and all symptoms point to cirrhosis of the liver. Has never had any hemorrhage yet. The swelling is due to obstruction of the veins of the liver from the development of fibrous tissue in the liver. The blood is in a condition of anæmia that favors effusion. The other symptoms are mechanical, due to pressure of the fluid. The spleen is enlarged. Hemorrhage from the stomach in large amounts is common. Intestinal hemorrhages are common in this condition of cirrhosis of the liver.

We placed this man on calomel and digitalis. There is a reason why this treatment might not be as effective in this case as in others, for this man's urine is full of granular casts without any albumen. His is also a case of advanced nephritis. The indication in this case is to give relief as soon as possible, more especially on account of the kidney trouble. Tapping in this case is simply done with a trocar and canula, while in the chest cavity we must use an aspirator. Every antiseptic precaution has been taken, and a piece of ice is placed on the skin to deaden the sensation. I will give him a full dose of whiskey to prevent collapse. Tapping, in addition to palliation, is a distinctly curative measure, for it has been found that repeated tapping will have a tendency to lessen and prevent reaccumulation. This man's belly contains several gallons of serous fluid mixed with blood. We have given him R.—Hydrarg. chlor. mit. gr. ij; pulv. digitalis gr. j; three times a day. This will cause moderate purgation, and distinctly increase the flow of urine. There is a certain amount of danger in the case, and the prognosis is bad. This man may live for months yet. If the treatment we have given is not beneficial, we will give him sulphate of soda, or, better still, phosphate of soda. It is better to put a binder on the abdomen, after tapping, for there is danger of shock. In the early stages of cirrhosis, regulate the diet, and avoid all condiments or anything that would excite or irritate the liver. Give good hygiene, saline laxatives and alteratives, such as iodine, salts of mercury, or gold, and much can be done to check the progress of his disease.

Original Articles.

ETIOLOGY, PATHOLOGY, AND TREATMENT OF TYPHOID FEVER.

By J. McFADDEN GASTON, M.D.,
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THE different views of writers on typhoid fever are due, in part, to the application of this term to forms of disease entirely distinct from each other; and it behooves us to go back to the past history of this disorder, so as to fix upon its most striking characteristics. Amongst the French, Louis first characterized the intestinal lesions. Stokes and Graves were prominent among English authors, in describing the involvement of the glands of Peyer and Brunner. In the United States, George B. Wood assigned to this disease a definite place in the nosology of fevers, by classifying it as enteric fever.

None of these descriptions, however, indicate the origin of the trouble, and we are left in the dark as to the etiological factor by the investigation of the post-mortem phenomena. The effect or consequence of a train of disordered movements in the physical organization, should not be confounded with the developments which lead to such results, and we should seek to discover the abnormal element which predominates in the commencement and early progress of the so-called typhoid fever.

While Cullen, and other authors of that period, held the view that there were different grades of fever, designated as typhus mitior and typhus gravior, those who came after them recognized two distinct forms of disease by the terms typhoid and typhus fever, which distinction is fully sustained by observation.

The Greek word, conveying the notion of the vital depression which is a predominant feature of these fevers, impressed itself upon our nomenclature, so that typhoid and typhus imply low forms of fever. The adynamic phase is conspicuous from the outset of these affections, and it is rare that any sthenic condition ushers in these asthenic disorders.

The point, then, to which I wish to draw the attention of my colleagues, is the impairment of the nerve center, as the initiatory process in all cases of typhoid fever; and that deficient supply of nerve power or enervation accompanies the different stages of the disease. We absolutely know nothing of the etiology of typhoid fever, the sage opinions of scientists and hygienists to the contrary, notwithstanding. While many epidemics are attributed to sewer gas, to fecal emanations, and to septic surroundings of various sorts, all are familiar with the fact that cases of typhoid fever originate, and run the ordinary course of this disease, in the highest, dryest, and purest regions of our mountain country. There is a notable exemption of malarial districts from typhoid fever; so in sections where bilious remittent and intermittent fever prevails, it is unheard of. It is evident, therefore, that the medical profession, however assured in some instances of the causative element in typhus fever, of which we are not now treating, has no well-defined landmarks by which to trace up the origin of enteric or typhoid fever, and it should be declared a terra incognita.

Hygienists should continue to eliminate all septic processes from the surroundings of our habitations, in the country as well as in towns and cities, so as to secure all the benefits of cleanliness for the human race. But allow me to declare, in all sincerity, my conviction that no man, woman, or child, is rendered less susceptible to typhoid fever by daily ablution, or by purifying the precincts of the dwelling. In other words, the disease is not due to filth, and is not prevented by the most elaborate antiseptic proceedings on the premises of the family.

When we read of the emptying of faecal matter upon the snow, at a remote point from a house occupied by a family, which deposit remains snowed under for months, and then is washed down with the melting snow, so as to seep into a well of water, which is drank by the occupants of the house, should we infer that typhoid fever results from such infection? It may be a *post hoc*, but the proofs do not sustain the claim that it is a *propter hoc*. I know that those on the spot, quite as competent to form an opinion as myself, have attributed epidemics to just such contamination. But while facts are stubborn things, there are different ways of looking at them; and I cannot discover, in the data presented by the said observers,

anything upon which to base such a conclusion as was reached, in attributing the cases of typhoid fever to those attenuated faecal solutions, after such a lapse of time. The blind leading the blind, must qualify such credulity.

In the address presented to the International Medical Congress at Washington by Austin Flint, some propositions are laid before the profession which are intended to elucidate the cause of fevers. Without being committed to the adoption of his conclusions, I will give place to them here, as follows:

"1. It is probable that the original cause of most, if not all, of the essential fevers is a micro-organism, different in character in different forms of fever.

"This proposition is based upon bacteriological researches of recent date, especially with regard to typhoid fever.

"2. Defining fever as an abnormal elevation in the general temperature of the body, the pyrexia is due to the following modifications in the normal heat-producing processes:

"A. Oxidation of certain constituents of the tissues, probably by reason of the presence of micro-organisms in the blood, is exaggerated independently of increased muscular work, and, without being compensated by a corresponding increase in the appropriation of nutritive material. This increased waste of tissue is represented by the excess of carbonic acid and urea excreted.

"B. The part which the formation of water within the body plays in the production of heat, is either suppressed or is greatly diminished in prominence, together with the equalizing action of cutaneous transpiration.

"This proposition is based upon clinical facts, which show an increased excretion of carbonic acid and urea, and a diminished excretion of water, in fevers; and upon experiments which show that muscular work, while it increases heat-production, increases the production of water.

"3. Fever produces abnormal consumption of fat, with parenchymatous degenerations, for the following reasons:

"A. The fat is consumed, because it feeds the pyrexia more readily than do the other tissues of the body, and its consumption is the most important source of carbonic acid.

"B. Parenchymatous degeneration of muscular tissues and of the solid organs occur, chiefly because the abnormal transformations of those parts, which result in an excess of urea, and which probably also contribute to the excess of carbonic acid, are not compensated by the appropriation of nutritive matters from the blood.

"C. It is well known that patients with unusual adipose or muscular development are likely to present a more intense pyrexia in fevers than are those whose adipose and muscular development is smaller.

"Finally. An essential fever is an excessive production of heat in the body, induced by a morbid agent or agents, and due to excessive oxidation, with destruction of the tissues of the body, and either a suppression or a considerable diminution in the production of water.

"Suppression or great diminution of cutaneous transpiration in the essential fevers, while it contributes, in a measure, to the rise in temperature, is not itself a cause of fever."

This elaborate definition of fever expresses the conditions under which the increase of heat is developed, and, while micro-organisms are supposed to exert a considerable influence in modifying the progress of

fever, there is absolutely no evidence that they enter as an etiological factor in the outset of typhoid fever.

In combating the ordinarily-received views of the origin of typhoid fever, it might be supposed that some causative influence, entirely distinct from anything heretofore proposed, should be suggested; or, at least, that a hypothesis, touching the etiology of this disease, should be presented. But I frankly confess my ignorance on this point, and would like to bring others to a like confession, so that new fields of investigation may be opened which may lead to the discovery, not only of the remote, but the proximate and exciting, causes of enteric fever.

I would call off the dogs from the old trails—which can never lead to jumping of the game—and start out on different lines altogether.

It is clear, to my mind, that in the earlier stages of typhoid fever, the neurotic element is the most noticeable feature of the symptoms, and hence it would seem that our search after a cause should be directed to those agencies likely to affect the nerve-centers.

All those influences of a depressing nature, producing wear and tear of the nervous system, whether mental or physical, should pass under review; and when the emotional modifications in different temperaments are considered, we can understand the reciprocal influence of mind and body in causing and in aggravating diseases. We should seek for the cause of typhoid fever, then, I repeat, in the various impressions upon the nervous system.

Flint states that "the nervous system is capable of modifying the local circulations, and of producing local changes in temperature. Some physiologists have endeavored to locate a heat center as well as a vaso-motor center, and some varieties of fever are regarded as due to morbid action of nerve centers, either direct or reflex."

"Symptoms referable to the nervous system are nearly always more or less prominent in essential fevers of a grave character, but the disturbances of the nervous system are secondary.

"While the special morbific cause of typhoid fever is, of course, the cause of the delirium, coma vigil, hebetude, etc., observed in grave cases, it is rational to suppose that it acts as a secondary cause of these phenomena, by virtue of changes induced directly by the prolonged elevation of body temperature; and the same may be said of the pulse, which is high, usually, in proportion to the intensity of the pyrexia. Certain it is that a mere reduction of the temperature, by means which cannot be presumed to affect the special cause of the disease, is nearly always attended with an amelioration of the nervous symptoms and a reduction in the rate of the pulse.

"The parenchymatous degenerations, and the alterations in the structure of the muscles and of the secreting cells of glands, are unquestionably due to modifications in nutrition produced by the action of micro-organisms, and it is well known that in typhoid fever and in pneumonic fever these micro-organisms are deposited in special parts, as the intestinal glands and the lungs."

There are several points presented in these extracts which, coming as they do *ex cathedra*, should have been cleared up by the author. The use of the terms "special morbific cause of typhoid fever," and "the special cause of the disease," without defining this causative element, leaves us without any proper understanding of the etiological factor in typhoid fever.

Without comprehending the origin of a train of disorders recognized as associated with enteric fever, under the designation given in my heading of typhoid

fever, we are still prepared to point out the disturbances of the nervous system as among the most prominent features of this disease. I cannot concur in the view of Flint as to the relation these bear to the other phenomena of typhoid fever, when he states that they are secondary and due to the pyrexia, being intense generally in proportion to the intensity of the fever itself. He has, in the language of the teamster, "put the cart before the horse;" and the pathological element which takes precedence is, in my opinion, the impaired innervation. This is not always manifested by any mental disturbance; and, though delirium may be present in the advanced stage of typhoid fever, it is not often observed in the incipiency. The adynamic phase, or nervous depression, is, perhaps, present in the early period of every case of typhoid fever, and the sense of weariness, with malaise, ushers in the febrile perturbation. In my observations there are few, if any, cases developed without a preliminary atonic state of the nervous system, with dullness of the mental faculties, and lethargy of the physical powers. This lowering of the vital powers gives way afterwards to a state of irritation of the vascular system, with increase of temperature; and this heat determines the true character of the disease when we may not have other diagnostic features in the case. That this process of generating heat does not depend upon inflammation, is shown by its reduction by cold and by antipyretics, including the use of alcohol and sulphate of quinine in liberal doses.

It seems probable that many cases of what is ordinarily styled bilious remittent fever, when not promptly arrested, assume a typhoid character. My custom, therefore, has been, in all such cases, to resort to calomel and bicarbonate of soda, followed by castor oil and spirits of turpentine, to secure thorough evacuation of the alimentary canal. Full doses of sulphate of quinine, in combination with camphorated Dover's powder, even during the febrile paroxysm, have then been given for two days in succession, or the quinine with morphine may be employed if the stomach rejects the above combination. We should expect the fever to be broken up, if it is a simple bilious remittent fever; and, in case it continues, we may suspect a tendency to typhoid fever. With a view to obviate such a result, I have resorted to a mixture of acetate of ammonia and camphor water, which proves as a stimulating diaphoretic, arresting the progressive debility. The infusion of Virginia snake-root has been given, in combination with the foregoing mixture, thus securing an effect as a febrifuge, which is admirably well suited to this intermediate stage of disease, threatening to assume a typhoid character.

Should intestinal irritation be accompanied by tympanitis, or tenderness upon pressure over the ileo-cæcal region after such a previous history, with notable rise of temperature, all will be clear.

As the disease progresses, the nutritive process becomes impaired, and not only is there a sense of weakness, but an incapacity for exertion, from the atrophy of the muscular tissues in all parts of the body. It is a matter familiar to every practitioner of experience, that in convalescence from typhoid fever, very slight physical efforts are followed by relapse, owing to the exhaustion of the nervous system, and the attenuation of the muscular organization. Thus it becomes evident that, from beginning to end, there is a lack of nerve power, and the apparent nervous agitation is only an additional evidence of the atonic state of the nerve centers.

Recognizing this enervated state of the system as the pathological element to be met by treatment, we must sedulously avoid all depressing agencies, and seek to restore the wasting effects of the disease by stimulants and by nutritious diet.

There are, undoubtedly, complications from derangements of the secretions which require correction along with the proper remedies for supporting the forces; but, apart from this class of medicines, the means found most efficacious in the treatment of typhoid fever, so soon as its true character is declared, are such preparations of a stimulating nature as may make a salutary impression upon the nerve centers.

Without undertaking any of the measures styled antipyretic in the management of this disease, I have relied, to a great extent, upon a combination of carbonate of ammonia, spirits of turpentine, camphor water, and mucilage of gum arabic as a vehicle or solvent, with the most satisfactory results in all its phases.

It is not claimed for this medication that it has any special antipyretic properties, or that it brings about any sudden change in the organism, yet my experience of its effects enables me to assert positively that its continued employment is attended with marked reduction of temperature and amelioration of the characteristic features of typhoid fever. If a full and fair trial of this combination is made in the formative stage of the disease, it will either be cut short or modified in such a way as to run its course without risk of any serious consequences to the patient.

When the prostration has progressed, notwithstanding the alleviation of all the acute developments, I have employed a tonic and alterative preparation of Huxham's tr. of cinchona and serpentaria; with tr. nux vomica and chlorate of potash, alternately with the aforesaid mixture, or alone; with the happiest effects. It is not requisite that the properties of these several drugs shall be explained to those who are presumed to understand their therapeutic effects, and for all practical purposes my end will be gained by urging upon my colleagues empirically, the curative virtues of this combination in the advanced stage of typhoid fever. A test of its efficacy will suffice to satisfy practitioners that this medication restores the exhausted powers of the patient, and with the use of milk punch and nutritious diet convalescence may be promptly effected.

If this treatment is persisted in from the outset of the symptoms, it will be found that the febrile debility, acceleration of pulse, and high temperature, with the local tenderness over the ileo-coccal region yield most frequently about the ninth day. In this way many cases have been jugulated, which, I am satisfied, would, under the use of other means, have run on for twenty-one days or longer. There seems to be a self-limiting tendency in this fever, which, if not prolonged by injudicious measures, is manifested at the twenty-first day; and even with the expectant treatment we expect a decided change for the better about this period. If, however, for any cause, the disease continues beyond this limit, no calculation can be made as to the termination of typhoid fever.

I am not prepared to speak from practical observation of the cold-bath method adopted by Liebermeister, Brandt, and Juergensen, known as the German method of treatment. Quite a number of their followers have made favorable reports of its results, and I am inclined to look with favor upon the views presented recently by Drs. Hunt and Baruch in *Gaillard's Journal*, in regard to hydropathic therapeutics for typhoid fever.

But Dr. Beverly Robinson gave a proper caution as to the use of such measures, in a discussion of the therapeutics of typhoid fever, in the Practitioner's Society, of New York, December 6, 1889. He thought that the external application of cold did more than cause a reduction of the temperature; it stimulated the nervous system, which resulted in the reduction of fever and improved circulation, nutrition, etc., a result which did not follow antipyretic drugs.

In typhoid fever, with high temperature, he thought the cold pack, or affusion, very often useful; but in some cases it did harm, as shown by impaired circulation, though some authorities do not regard this symptom as harmful. He thought that high temperature alone did not necessarily cause degeneration of muscular tissue; but high temperature is generally accompanied with other severe symptoms. It had not been shown that structural changes were the cause of death, and he thought that nerve depression was the main factor.

The so-called antiseptic treatment has not met with general acceptance by practitioners, and some consider that it has proved hurtful.

At best it can only be regarded as correcting the vitiated contents of the alimentary canal without having any influence upon the source of trouble. Those who refer the primary disturbances to bacilli, cannot claim that they are exterminated by germicides, nor can simple sepsis from decomposition in the intestinal tract be averted by the use of antisepsics either per orem or per anum, yet some good may result.

In my formula for a routine treatment the spirits of turpentine, one of the most efficient antisepsics, ought to accomplish all that could be expected from agents of this class. Its known virtue in inflammation of the mucous and serous membranes, commends it internally and externally for localized intestinal inflammation or peritonitis with fever.

I am satisfied that ulceration of the mucous membrane of the intestines, is not likely to progress under the use of spirits of turpentine. The credit of demonstrating the efficacy of this remedy in typhoid fever is due to George B. Wood, who wrote a paper on the Use of Oil of Turpentine in Fevers, in 1826, and urged with great confidence its employment in his valuable work on Practice, in 1847. The impression received from his lucid exposition of the effects of this agent and of other measures, in controlling the grave developments of ulceration in the ileum, which accompany typhoid fever, led me very early in my career to adopt the course recommended in his chapter on enteric or typhoid fever. If practitioners, thinking that the high temperature is the chief feature to be combated, can be brought to realize that the plan of treatment which has been delineated accomplishes this object more effectually and with more safety than by the employment of antipyretics of a depressing nature, I trust it may commend itself to their confidence. In the uniform good results obtained by this treatment, the only exception likely to be taken by others, is the liability to a mistake in my diagnosis prior to the development of the typical phenomena of the disease, but I congratulate myself and my patient in not confirming it by grave results.

DR. CHARCOT, the distinguished head of the Salpetriere Hospital, in Paris, has just finished a long series of experiments in hypnotism, and pronounces, as his opinion, that only one person in a hundred thousand is subject to the influence.

fever, there is absolutely no evidence that they enter as an etiological factor in the outset of typhoid fever.

In combating the ordinarily-received views of the origin of typhoid fever, it might be supposed that some causative influence, entirely distinct from anything heretofore proposed, should be suggested; or, at least, that a hypothesis, touching the etiology of this disease, should be presented. But I frankly confess my ignorance on this point, and would like to bring others to a like confession, so that new fields of investigation may be opened which may lead to the discovery, not only of the remote, but the proximate and exciting, causes of enteric fever.

I would call off the dogs from the old trails—which can never lead to jumping of the game—and start out on different lines altogether.

It is clear, to my mind, that in the earlier stages of typhoid fever, the neurotic element is the most noticeable feature of the symptoms, and hence it would seem that our search after a cause should be directed to those agencies likely to affect the nerve-centers.

All those influences of a depressing nature, producing wear and tear of the nervous system, whether mental or physical, should pass under review; and when the emotional modifications in different temperaments are considered, we can understand the reciprocal influence of mind and body in causing and in aggravating diseases. We should seek for the cause of typhoid fever, then, I repeat, in the various impressions upon the nervous system.

Flint states that "the nervous system is capable of modifying the local circulations, and of producing local changes in temperature. Some physiologists have endeavored to locate a heat center as well as a vaso-motor center, and some varieties of fever are regarded as due to morbid action of nerve centers, either direct or reflex."

"Symptoms referable to the nervous system are nearly always more or less prominent in essential fevers of a grave character, but the disturbances of the nervous system are secondary.

"While the special morbific cause of typhoid fever is, of course, the cause of the delirium, coma vigil, hebetude, etc., observed in grave cases, it is rational to suppose that it acts as a secondary cause of these phenomena, by virtue of changes induced directly by the prolonged elevation of body temperature; and the same may be said of the pulse, which is high, usually, in proportion to the intensity of the pyrexia. Certain it is that a mere reduction of the temperature, by means which cannot be presumed to affect the special cause of the disease, is nearly always attended with an amelioration of the nervous symptoms and a reduction in the rate of the pulse.

"The parenchymatous degenerations, and the alterations in the structure of the muscles and of the secreting cells of glands, are unquestionably due to modifications in nutrition produced by the action of micro-organisms, and it is well known that in typhoid fever and in pneumonic fever these micro-organisms are deposited in special parts, as the intestinal glands and the lungs."

There are several points presented in these extracts which, coming as they do *ex cathedra*, should have been cleared up by the author. The use of the terms "special morbific cause of typhoid fever," and "the special cause of the disease," without defining this causative element, leaves us without any proper understanding of the etiological factor in typhoid fever.

Without comprehending the origin of a train of disorders recognized as associated with enteric fever, under the designation given in my heading of typhoid

fever, we are still prepared to point out the disturbances of the nervous system as among the most prominent features of this disease. I cannot concur in the view of Flint as to the relation these bear to the other phenomena of typhoid fever, when he states that they are secondary and due to the pyrexia, being intense generally in proportion to the intensity of the fever itself. He has, in the language of the teamster, "put the cart before the horse;" and the pathological element which takes precedence is, in my opinion, the impaired innervation. This is not always manifested by any mental disturbance; and, though delirium may be present in the advanced stage of typhoid fever, it is not often observed in the incipiency. The adynamic phase, or nervous depression, is, perhaps, present in the early period of every case of typhoid fever, and the sense of weariness, with malaise, ushers in the febrile perturbation. In my observations there are few, if any, cases developed without a preliminary atonic state of the nervous system, with dullness of the mental faculties, and lethargy of the physical powers. This lowering of the vital powers gives way afterwards to a state of irritation of the vascular system, with increase of temperature; and this heat determines the true character of the disease when we may not have other diagnostic features in the case. That this process of generating heat does not depend upon inflammation, is shown by its reduction by cold and by antipyretics, including the use of alcohol and sulphate of quinine in liberal doses.

It seems probable that many cases of what is ordinarily styled bilious remittent fever, when not promptly arrested, assume a typhoid character. My custom, therefore, has been, in all such cases, to resort to calomel and bicarbonate of soda, followed by castor oil and spirits of turpentine, to secure thorough evacuation of the alimentary canal. Full doses of sulphate of quinine, in combination with camphorated Dover's powder, even during the febrile paroxysm, have then been given for two days in succession, or the quinine with morphine may be employed if the stomach rejects the above combination. We should expect the fever to be broken up, if it is a simple bilious remittent fever; and, in case it continues, we may suspect a tendency to typhoid fever. With a view to obviate such a result, I have resorted to a mixture of acetate of ammonia and camphor water, which proves as a stimulating diaphoretic, arresting the progressive debility. The infusion of Virginia snake-root has been given, in combination with the foregoing mixture, thus securing an effect as a febrifuge, which is admirably well suited to this intermediate stage of disease, threatening to assume a typhoid character.

Should intestinal irritation be accompanied by tympanitis, or tenderness upon pressure over the ileo-coecal region after such a previous history, with notable rise of temperature, all will be clear.

As the disease progresses, the nutritive process becomes impaired, and not only is there a sense of weakness, but an incapacity for exertion, from the atrophy of the muscular tissues in all parts of the body. It is a matter familiar to every practitioner of experience, that in convalescence from typhoid fever, very slight physical efforts are followed by relapse, owing to the exhaustion of the nervous system, and the attenuation of the muscular organization. Thus it becomes evident that, from beginning to end, there is a lack of nerve power, and the apparent nervous agitation is only an additional evidence of the atonic state of the nerve centers.

Recognizing this enervated state of the system as the pathological element to be met by treatment, we must sedulously avoid all depressing agencies, and seek to restore the wasting effects of the disease by stimulants and by nutritious diet.

There are, undoubtedly, complications from derangements of the secretions which require correction along with the proper remedies for supporting the forces; but, apart from this class of medicines, the means found most efficacious in the treatment of typhoid fever, so soon as its true character is declared, are such preparations of a stimulating nature as may make a salutary impression upon the nerve centers.

Without undertaking any of the measures styled antipyretic in the management of this disease, I have relied, to a great extent, upon a combination of carbonate of ammonia, spirits of turpentine, camphor water, and mucilage of gum arabic as a vehicle or solvent, with the most satisfactory results in all its phases.

It is not claimed for this medication that it has any special antipyretic properties, or that it brings about any sudden change in the organism, yet my experience of its effects enables me to assert positively that its continued employment is attended with marked reduction of temperature and amelioration of the characteristic features of typhoid fever. If a full and fair trial of this combination is made in the formative stage of the disease, it will either be cut short or modified in such a way as to run its course without risk of any serious consequences to the patient.

When the prostration has progressed, notwithstanding the alleviation of all the acute developments, I have employed a tonic and alterative preparation of Huxham's tr. of cinchona and serpentaria; with tr. nux vomica and chlorate of potash, alternately with the aforesaid mixture, or alone; with the happiest effects. It is not requisite that the properties of these several drugs shall be explained to those who are presumed to understand their therapeutic effects, and for all practical purposes my end will be gained by urging upon my colleagues empirically, the curative virtues of this combination in the advanced stage of typhoid fever. A test of its efficacy will suffice to satisfy practitioners that this medication restores the exhausted powers of the patient, and with the use of milk punch and nutritious diet convalescence may be promptly effected.

If this treatment is persisted in from the outset of the symptoms, it will be found that the febrile debility, acceleration of pulse, and high temperature, with the local tenderness over the ileo-cecal region yield most frequently about the ninth day. In this way many cases have been jugulated, which, I am satisfied, would, under the use of other means, have run on for twenty-one days or longer. There seems to be a self-limiting tendency in this fever, which, if not prolonged by injudicious measures, is manifested at the twenty-first day; and even with the expectant treatment we expect a decided change for the better about this period. If, however, for any cause, the disease continues beyond this limit, no calculation can be made as to the termination of typhoid fever.

I am not prepared to speak from practical observation of the cold-bath method adopted by Liebermeister, Brandt, and Juergensen, known as the German method of treatment. Quite a number of their followers have made favorable reports of its results, and I am inclined to look with favor upon the views presented recently by Drs. Hunt and Baruch in *Gaillard's Journal*, in regard to hydropathic therapeutics for typhoid fever.

But Dr. Beverly Robinson gave a proper caution as to the use of such measures, in a discussion of the therapeutics of typhoid fever, in the Practitioner's Society, of New York, December 6, 1889. He thought that the external application of cold did more than cause a reduction of the temperature; it stimulated the nervous system, which resulted in the reduction of fever and improved circulation, nutrition, etc., a result which did not follow antipyretic drugs.

In typhoid fever, with high temperature, he thought the cold pack, or affusion, very often useful; but in some cases it did harm, as shown by impaired circulation, though some authorities do not regard this symptom as harmful. He thought that high temperature alone did not necessarily cause degeneration of muscular tissue; but high temperature is generally accompanied with other severe symptoms. It had not been shown that structural changes were the cause of death, and he thought that nerve depression was the main factor.

The so-called antiseptic treatment has not met with general acceptance by practitioners, and some consider that it has proved hurtful.

At best it can only be regarded as correcting the vitiated contents of the alimentary canal without having any influence upon the source of trouble. Those who refer the primary disturbances to bacilli, cannot claim that they are exterminated by germicides, nor can simple sepsis from decomposition in the intestinal tract be averted by the use of antisepsics either per orem or per anum, yet some good may result.

In my formula for a routine treatment the spirits of turpentine, one of the most efficient antisepsics, ought to accomplish all that could be expected from agents of this class. Its known virtue in inflammation of the mucous and serous membranes, commends it internally and externally for localized intestinal inflammation or peritonitis with fever.

I am satisfied that ulceration of the mucous membrane of the intestines, is not likely to progress under the use of spirits of turpentine. The credit of demonstrating the efficacy of this remedy in typhoid fever is due to George B. Wood, who wrote a paper on the Use of Oil of Turpentine in Fevers, in 1826, and urged with great confidence its employment in his valuable work on Practice, in 1847. The impression received from his lucid exposition of the effects of this agent and of other measures, in controlling the grave developments of ulceration in the ileum, which accompany typhoid fever, led me very early in my career to adopt the course recommended in his chapter on enteric or typhoid fever. If practitioners, thinking that the high temperature is the chief feature to be combated, can be brought to realize that the plan of treatment which has been delineated accomplishes this object more effectually and with more safety than by the employment of antipyretics of a depressing nature, I trust it may commend itself to their confidence. In the uniform good results obtained by this treatment, the only exception likely to be taken by others, is the liability to a mistake in my diagnosis prior to the development of the typical phenomena of the disease, but I congratulate myself and my patient in not confirming it by grave results.

DR. CHARCOT, the distinguished head of the Salpetriere Hospital, in Paris, has just finished a long series of experiments in hypnotism, and pronounces, as his opinion, that only one person in a hundred thousand is subject to the influence.

DISTURBED EQUILIBRIUM, AS A FACTOR IN THE ETIOLOGY OF DISEASE.

BY ELI CANN, M.D.,
AKRON, OHIO.

THAT most learned and very able thinker, perhaps the most renowned scholar in physiological science of the present, Michael Foster, has well said, "the more physiologists know about the living body, the nearer they grow to the conception of the theory that there are two processes always going on in the body—a building up and a breaking down."

These two processes, gentlemen, namely, constructive and destructive metamorphosis, are a necessary and all-important part of the economy—indeed they are the whole of life. For if we consider the organism in its entirety, from the single cell to the most perfect man, we find everywhere the one universal law—the law of change stamped upon every tissue. Constancy of growth and reparation is only equaled by the same constancy of decay and disintegration. We have matter, motion, and the resultant of the two—force. These, under the law of its being, constitute every form of origination.

According to the best biological idea, our bodies are made up of cell elements; each single cell capable of maintaining life of its own; its own mode of alimentation, secretion and excretion. These living units constitute, by their aggregation, a veritable empire—a reunion of cities more or less prosperous, having each its own independent existence, but demanding for its maintenance certain special conditions. Cells trained and organized, they require such a particular pabulum, which must be conveyed to them in due sufficiency by the numerous vessels, comparable to the intercommunication existing between the inhabitants of a great city or community.

But these living cells, by the rapid changes which they assume in the metabolism of the tissues, fabricate excrementitious products more or less toxic. It is necessary that these excrementitious products shall find a ready exit, and that a system of sewerage, if I may be allowed the expression, shall conduct away the daily waste matters. They must, also, be in communication with each other; and be in due subordination to the central power which directs them. This internunciary rôle devolves upon the nervous system. The functioning power of the organism, and every organ and tissue is under the control of the nervous system, regulated and controlled by that system in some one or more of its many ramifications.

So, we have in the make-up of this organism, these two processes constantly taking place. The work of growth and separation, together with the decay and disintegration of the tissue changes, make up the phenomena of life, in its varied phases of "natural" or "perverted."

Again, these processes are under natural, or, physiological law, if you please, the bounds of which cannot be passed; nay, more, cannot be violated with impunity. First, the universal law of change—matter in motion—inert matter is dead. No tissue of the body, not even the blood, but what is constantly being used up, renewed and again used up. A second great law is, that this building up process demands pabulum from an external source; pabulum, too, in a certain condition, both as to quantity, quality and mutability. It also requires that the refuse material be removed; hence, we have the four great emunctories of the system, viz.: the alimentary canal, the kidneys, the lungs, and the skin, together with their

innumerable tributaries, which altogether make up the most complete system of sewerage yet constructed.

Another law is that known as natural selection; each tissue of the body having the capacity of selecting that which is appropriate, and rejecting all else.

Again, another great law of the organism, is that known by various names, such as tone, vital resistance, vital force, the *vis resistentias* of the ancients. With respect to the question of vital force, there is very great latitude of opinion, and I am free to confess that I find great difficulty in thinking of protoplasm as a substance, and venture the suggestion that it will ultimately be found to be the development of energy, and nothing tangible.

We have seen, as above, that these processes are constantly going on in every tissue of the body. Activity is life. Inactivity is death. Matter organized on a plan and in motion, is the real life of every form of organization. Inert matter is dead, and soon becomes unorganized.

But if these two processes are constantly taking place in the living organism, and that under law—natural or physiological law—laws which cannot be violated, they correspond to, and are in harmony with, the dual lesions emanating from diseased action, viz.: lesions of construction and lesions of destruction.

They also suggest the two great classes of remedies, viz.: those that increase tissue metamorphosis, or constructive changes, and those that retard or inhibit such changes.

Nutrition and depuration. Nutrition, that constructive activities may not terminate in destructive lesions, because of structural exhaustion; and depuration, that constructive activities may not be embarrassed by the presence of effete and toxic accumulations.

All organized beings grow by what they feed on. The human organism is no exception to this rule. Therefore, nutrition is all-important. But nutrition is a tissue function, subject to the laws above referred to. That there may be a healthy nutrition, that prince of pathologists, Sir James Paget, as quoted by Prof. Herrick, has given us these four propositions: 1. Bright state of the blood. 2. A not distant supply of blood to the part. 3. A certain nerve influence. 4. A right state of the part itself. Who doubts the truth of these propositions? These are fundamental, and when at their climax, and in connection with the changes above referred to, viz.: the infinite arrangement and rearrangement of an exceedingly complex system of molecules, constitute the phenomena of life.

Given then the organism, with these two processes at their best, or in a state of equilibration of tissue metamorphosis, a due supply of nutritive material, together with a free and proper excrent of all waste materials subject to the law of its being, and we have a perfect or healthy organism.

Let us inquire for a little after the disturbing causes that lead to diseased action, for it is admitted that disease is no longer an entity. First, the advanced age of the cell, and this empire so strong and flourishing during the first years of life and adult age, is destined, under the universal law of change, to see its forces decline as the years roll on, until death ends the scene. This is natural or physiological death; and of this cellular empire, once so strong and flourishing, naught remains but the mineral ingredients to mark the sight of a once flourishing and prosperous city or nation.

Under other circumstances, the food necessary for the life of these cells does not come to them in suffi-

cient quantity, the channel by which they are carried being obliterated, and the community succumbs from inanition.

Or it may be the excretory passages are obliterated, and just as we see our large cities the prey to infection and disease, from the faulty working of their sewers, so the economy is poisoned by the retention of excrementitious products; disease and death the result.

Again it may happen that certain of these communities shall break the compact which holds them together. They would fain live an independent life: their cells take on an abnormal development, and, being no longer obedient to the central power, (the nervous system), they become a source of enfeeblement, or death to the entire organism, as happens in the case of tumors of malignant nature. These are the destructive lesions, a lower grade of tissue change than the former two, the constructive lesions.

Up to this point we are all agreed; and upon this foundation we rest our medical faith. But here the profession part company. Those who are not willing to stand up before nature and interrogate, and interrogate until they wring from her hidden recesses the true cause of diseased action in the organism, betake themselves to theory, and theoretical notions.

Planting themselves upon some supposed cause of disease, they bend all their energies, yea, they compass sea and land to make one proselyte—gain their point; and, when driven by the logic of events from position to position, they finally retreat behind some ancient dogma, or accepted creed, which has nothing to sustain it but popular prestige or venerable antiquity.

In view of the chaotic incongruity of pseudoscience, and the "learned jargon" of superstition, enshrined in all the text-books, taught in all the schools, and revered by a vast majority of the human race, we must needs ask what recourse is left to the conscientious student of medicine, who is unwilling to stay in the rut, to dole out by set rule the routine remedies, and to strive in vain to appease his scientific hungering with the husks of hypothesis? Throughout the medical world, routine methods and antiquated theories are no longer competent to satisfy thinking minds. They refuse longer to rest their medical faith on dogmatic assertion and time-honored traditions, insisting that medicine, mystery, and superstition have long enough been in vogue as synonymous terms.

The one unremitting search of the day ought to be for a key to the true nature of disease, and for remedies which shall do no violence to natural laws; instead of the almost universal chase after germs and germicidal remedies, which (if the germ theory were true) must forever remain a fruitless search. Nevertheless, the great mass of the profession have joined in the chase—joined, too, with the enthusiasm that children chase butterflies, and with apparently about the same practical results. Rampant rides the theorist, both in the field of practical and preventive medicine. At one time the theory known as the Hippocratic—now it is the germ theory—that pestiferous, ubiquitous, infinitesimally small, yet infinitely numerous animalculæ, which inhabit earth, air, and water, and in which we verily have our being: a living, moving, floating sea of infuriated "beasts," ready to pounce upon and literally devour this organism at the opportune moment. There has come down a great London fog upon the medical mind of this day and age—come down from the time of Hippocrates and Galen—that the fluid of the organism, es-

pecially the blood, is primarily implicated, vitiated, and that it becomes the great cause of diseased action. When, in point of fact, the blood itself is never the real part affected; the real point of attack is the tissue-cells themselves. The blood is no "wooden horse," by which disease enters to the citadel of life. It is the supply stream of nutritive material for constructive metabolism and energy, and the efferent channel for the elimination of waste products, or it is the commissary and the scavenger to the tissues.

A diathesis, of whatever kind, is always accompanied with (1) imperfect nutritive metabolism, and (2) imperfect excretion of the result of retrograde metamorphosis. But these theorists tell us that, on the borders of this cellular empire dwell foes innumerable—foes, too, that know of but one law, the law of self-multiplication; that they await but the opportune moment to enter as hostile troops and occupy the territory. These foes are the pathogenic microbes of the bacteriologists. Beautiful theory, and withal captivating! and, deep down in the heart of the profession, the wish went out that it might prove a true theory; but, after more than a decade of experimental search and investigation, what are the practical results? Without going into detail, I think it may all be summed up in that little word "nil." Yea, more; in the multitude of theoretical speculation, the medical mind has been swayed from the truth—from that rigorous and painstaking investigation required when we attempt to interrogate Nature's laws, and furnish a remedy for any defect in the same.

But your best antisepticist is, after all, only a blind giant, armed with the club of Hercules, striking at random—if, perchance, he hits the disease, woe to the disease; but if, perchance, he strikes the patient, woe to the patient. Thus hurling his whole therapeutic artillery at some imaginary microbial invader, apparently forgetful of the fact that what will kill the disease will dispatch the patient from this sinful world to Abraham's bosom.

I have two wonders in regard to these men: the first is, how the medical profession got along without them before they were born; the second is, what will become of us after they are dead. But if you want to achieve anything in medicine, the field is wide. Nearly the whole science of medicine is in a state of anxious uncertainty, waiting for the master-mind that shall organize order out of chaos, and crystallize into lines of symmetry the valuable isolated facts now floating around. Some time in the future there will be a real science of medicine.

But, to conclude: given the organism with these two processes in a state of equilibration of tissue-metamorphosis, duly supplied with nutritive material and a proper removal of effete matter, and we have all the conditions for a healthy performance of the different functions of life. Aye, more; we have an organism capable of maintaining a perfect or healthy standard in the midst of never so many germs; and this empire, to which we have likened the organism, exists, like the United States among the nations of the earth, without fear of harm from without, so long, but only so long, as she observes and obeys all the laws of her constitution, both internally and externally. But break this equilibrium, change the natural to the unnatural, the physiological to the pathological, the right function of any organ or tissue to the abnormal or perverted—vitiate by whatever mode or method a single cell of this vast empire, and you have a cause for diseased action, though the disturbance be but the slightest, so small that you call it "functional;" yet, like the firing on Fort Sumter, it

may send a wave throughout the empire, so that every emanctory of the system will be up in arms to turn the rascals out.

Therefore we conclude that we have a real foundation—founded upon a scientific and sure basis—on which to rest our medical faith, without going after theory and theoretical notions; and that the conditions furnish the real or starting-point in any disease.

Society Notes.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated Meeting, May 14, 1890.

The President in the Chair.

A CASE OF FRACTURE OF THE BODY OF THE SCAPULA.

DR. A. HEWSON read a paper with the above title.

I desire to present for your consideration this patient, treated in the Surgical Dispensary of the Episcopal Hospital during my last term of service. The history is as follows:

J. K., aged forty-two years, male, white, born in Scotland, laborer, weight one hundred and fifty pounds, height five feet ten inches. Fell March 6, 1890, on the corner of wooden steps, indoors, while descending, striking the dorsal aspect of his right scapula, below the spinous process, after which he could not move, and remained in the house until morning, when he walked home, with the help of a friend, suffering intense pain. Lotions were afterwards applied without relief. He was examined by a physician, but no fracture was discovered, ether not being given.

On March 11, five days later, he appeared at the hospital, complaining of pain in the right scapula on the slightest motion or touch. He could move the right shoulder-joint but little, and then only with exquisite pain; the muscles of the supra- and infraspinous fossæ were rigid; the inferior angle of the scapula turned outward and forward; the muscles of the posterior boundary of the axilla rigid, *i. e.*, teres major and minor, as well as the subscapularis; the skin on the dorsum of the scapula swollen, and only slightly discolored, but without marked ecchymosis. No examination could be made without ether. It was then given by the medical resident, Dr. Tunis, and, after profound anaesthesia was obtained, crepitus was found extending from the axillary margin of the scapula to the body of the bone below the spinous process; this process was intact, as were also the acromion and coracoid processes. By fixing the inferior angle of the scapula, after separating it from the chest wall, and moving the upper part of the bone, the patient on his left side, the crepitus could be made out distinctly; it could also be distinctly felt by fixing the inferior angle and moving the forearm in such a way that the back of the hand touched the patient's back. The underlying ribs were uninjured. Overlapping of the bones could not be made out on account of the swelling.

The arm during the examination was held by the surgical resident, Dr. L. H. Adler, Jr., and when placed upon the opposite shoulder crepitus was again made out. After recovering from the anaesthetic, a pad of oakum inclosed in lint was applied to the dorsum of the scapula, and between the humerus and

axillary margin of scapula, and retained by adhesive strips and bandages, fixing the bone as closely as possible to the chest. The humerus was fixed in a vertical position to the side of the chest with the forearm held in a sling at right angle to arm. The sling was fastened to the circular turns holding the humerus, to prevent traction upon the neck and increase the pressure upon the scapula. The patient was dressed three times a week for the first two weeks, and after the first week was free from pain. Bandages were removed April 8, and the patient allowed to carry the forearm in a sling. At this date the scapula was more prominent posteriorly, showing the line of callus. Posterior inferior angle about one inch higher than the left. Motion perfect.

April 10, two days later, sling removed; some slight pain (muscular in character). Measurements were taken as follows:

Inter-scapular measurements at the spine,	5 inches.
" " posterior inferior angle.	8 "
From spine to left posterior inferior angle	4½ "
" " right " " "	3¼ "
" vertebra prominens to posterior inferior angle (right)	10 "
" " " posterior inferior angle (left)	11½ "

My object in making the measurements from the vertebra prominens, was because of its fixed position, the interscapular, and from the spine to the posterior inferior angle would not be correct, because of the swelling produced by the overlapping of the fragments. I therefore think the measurement is the most accurate in fractures of this bone.

Pathology.—The deformity in this case bears out the opinion expressed by Hamilton, who says: "If the fracture is below the spine and transverse, and especially if its direction is oblique from before backward, the inferior fragment is displaced forward, or forward and upward, by the action of the serratus magnus, or of the teres major; while the superior fragment is inclined to fall backward, and is sometimes carried upward and backward by the rhomboides major."

Prognosis.—Hamilton speaks of his inability to replace the fragments when overlapping has taken place; and in this he is substantiated by Nélaton and Malgaigne. These authors also agree that this deformity does not interfere with the usefulness of the bone or of the extremity, because the perfection of utility of the bone depends less upon its shape as in the long bones. Stiffness in the use of the limb being dependent, as stated by Lonsdale and B. Bell, as due to injury to the muscles or ligaments.

Treatment.—It was impossible in this case to maintain the fragments in place, unless the parts were opened and wired, owing to the seat of the fracture, and I did not think the case would warrant the operation, especially as the facies bibosus was evident, and the case was to be treated in the dispensary. The next best thing was to elevate the shoulder, which was accomplished by passing the pad of the oakum well under the axilla, and fixing the humerus in this elevated position—in this way following out the suggestions of Amesbury, Liston, Lonsdale, S. Cooper, South, while Erichsen uses only the body bandages, as in fracture of the ribs.

I followed, as you have seen, the suggestions of Hamilton and Boyer in placing the humerus in a vertical position, and a small pad between the posterior surfaces of humerus and the axillary margin of the scapula, together with the other portions of the dressing already described.

DR. JOHN B. ROBERTS read a paper on
SUBMUCOUS RESECTION OF CARTILAGE IN DEVIATIONS OF THE NASAL SEPTUM; A NEW OPERATION.

There are cases in which simple division of the nasal septum, with the use of pins to hold the divided partition properly in place, is not efficacious, because the cartilage contains too much tissue to be held in a straight line after its abnormal curves have been corrected. It is easily understood that, since the shortest distance between two points is a straight line, a curved or bent septum forced into a straight line by dilatation of the nostril, or by incision, has a tendency to reproduce the curvature within a few weeks after the operation. In such cases it is usually necessary to remove a portion of the septal cartilage, if permanence is to be given to the straight position obtained by the operation. This is sometimes done by excision of a portion of the septum by means of a nasal punch or a knife, thus leaving an opening between the two nares. The operation which I describe, and which is a resection of the cartilage beneath the mucous membrane, makes no opening between the two nares, and yet gets rid of the surplus septal tissue.

The operation should be commenced by dilatation of the occluded nostril with the finger, or a pair of dilating forceps; the mucous membrane covering the septum of the occluded side is then incised by means of a blunt tenotome. The incision should be a long, curved one, with the convexity toward the floor of the nostril, and should be commenced as far back as is necessary to make a flap large enough to uncover the curved piece of cartilage. A flat, dull instrument is then slipped under the mucous membrane, and used to separate this membrane from the triangular cartilage and vomer. A finger in the opposite nostril gives rigidity to the septum during the manipulations. After the large flap of mucous membrane has been elevated, a blunt-pointed tenotome is thrust under the mucous membrane, which hangs down like a curtain, and is used to cut out an elliptical portion of the septal cartilage corresponding in size with the angle or curve in the deviated septum that the surgeon desires to remove. During this stage of the operation the little finger of the other hand, in the opposite nostril is used to prevent perforation of the mucous membrane in the nostril opposite that of operation. A blunt instrument is then thrust through the incision in the cartilage, and used to separate the portion of cartilage which is to be taken out from its mucous membrane on the side opposite the occluded nostril. The elliptical piece to be resected is then lifted out with forceps and the large flap of mucous membrane permitted to drop in place, like a curtain. One or two sutures of catgut may then be put in the mucous membrane at the anterior portion of the wound, in order to hold the flap in place.

The operation is readily performed, and seems to me a distinct improvement in nasal surgery. So far as I know, it is novel.

My observations have led me to believe that a great many cases of crooked nose or occluded nares are not due to fracture or congenital deformity, but to interstitial growth of the septal cartilage. It is impossible to increase the area of a partition situated between fixed borders without causing the partition to assume a curve. The triangular cartilage cannot extend upward, downward, or backward, because of its margins in these directions being fixed; hence, when it increases in area by normal growth, it assumes curves and distorts the anterior portion of the nose.

I have recently operated upon a case in which the crookedness of the nose was very marked, and had been increasing within the last few years. In this case it was quite evident that the deformity depended upon a double curve of the septal cartilage, which was apparently due to abnormal interstitial growth.

Submucous resection of the cartilage is, it seems to me, a good method for relieving many cases of nasal deformity. The removal of angular or curved portions of cartilage without cutting away the mucous tissue, is an operation giving rise to no great hemorrhage, although, of course, the bleeding is free.

I show to-night an elliptical section of cartilage, the result of an operation done by this method. In this case, as the members will see, I cut out a portion of the bone as well as of the cartilage, and I subsequently removed another small piece of bone at the back part of the naris, by using a saw pushed under the mucous flap. The small portion of bone attached to the elliptical strip in the specimen was removed by the incisions made with the tenotome. The anterior portion of the bone of the septum is so thin that it is easily cut through with a tenotome.

The relief of nasal obstruction was immediate and very satisfactory in this case.

DR. ROSS P. COX reported the following case:

PENETRATING WOUND OF THE COMMON FEMORAL VEIN AND FEMORAL RING. LIGATURE OF THE FEMORAL AND INTERNAL ILIAC VEINS. RECOVERY.

W. C., aged twenty-two years, male, cabinet-maker, was admitted to St. Agnes' Hospital, July 15, 1889. Half an hour before admission, while he was pushing a piece of hard wood through a moulding machine, by the aid of a stick, three-quarters of an inch broad and half an inch thick, resting against his right groin, the blade struck a knot and forced the bits of wood backward with such energy as "to double him up and almost knock him down." The stick had perforated the several layers of thick, strong clothing, and inflicted the injuries below described, but fell to the floor unbroken. He experienced some pain, but suffered more from fright and shock. Almost immediately a swelling appeared at the point of puncture. On entering the hospital he showed considerable excitement and moderate shock.

There was a tumor about as large as a hen's egg at the centre of Poupart's ligament, and extending somewhat above it. Near the centre of this enlargement there was a slit, extending transversely about half an inch. Less than an ounce of blood had been lost, and all bleeding had ceased.

After slightly extending the wound outward and upward, the probe, not before entering more than an inch, could readily be carried inward and slightly downward for two inches and three-quarters; slight venous bleeding followed its withdrawal.

The situation of the wound and the direction taken by the probe indicated the possible penetration of the abdominal cavity and involvement of some viscera.

Prof. W. W. Keen, the surgeon on duty, was summoned, and arrived in half an hour. The area of operation had meanwhile been shaved, scrubbed with hot water and soap, rinsed, bathed with ether, and finally with 1-1000 bichloride solution, in anticipation of surgical interference.

After examining the injury, Dr. Keen determined to enlarge the wound and explore its nature and extent.

Operation.—Ether. The incision was extended slightly upward, but chiefly downward and inward,

as the probe indicated that direction. The successive layers of skin and fasciae were divided until the finger could be carried deeply into the wound. Poupart's ligament was detected just at the upper border of the wound. At a depth of two inches the tip of the probing finger entered a perforation in what felt like a thin membrane, just internal to the pulsating artery. The bleeding had now become rather free, and the withdrawal of the finger was followed by a copious gush that left no doubt that its source was the femoral vein. While the hemorrhage was controlled by a finger in the opening, the wound was enlarged. Poupart's ligament, the injured vein and its homologous artery were exposed to view. The artery was black from the extravasated blood, but seemed firm to the touch. No tear of its wall was perceptible, but it was not unlikely that it had been struck. Further observation showed that the vein had been pierced through both its anterior and posterior walls, and that the abdominal cavity had been entered through the femoral ring. The finger could be carried through the ring into the abdominal cavity for about an inch, but there seemed to be no rent in the peritoneum. Something could be felt by the finger-tip, probably intestine, but it was intact.

The vein was secured below, and, with some difficulty, above the lesion, by means of two haemostatic forceps, and divided between these instruments. A medium-sized aseptic silk ligature was quickly and firmly applied to the peripheral end of the vessel. To similarly secure the proximal end was a work of some difficulty; in fact, it was the external iliac vein that was here tied. Considerable traction to draw the vein down, and still more to lift Poupart's ligament up with a retractor, had to be used before it was accessible. After tying a few small vessels that the forceps failed to close permanently, the clots were removed, and the entire wound irrigated with weak bichloride solution. The ligating threads were cut off close to the knots. Thorough drainage was secured by a small fenestrated rubber tube, extending from the bottom of the wound to the inferior angle externally, and by a horsehair drain extending superficially from angle to angle.

The incision of the skin was about four inches long. Its lips were approximated by silk suture. A generous dressing of dry 1-1000 bichloride gauze was applied, and gentle compression made by a spica bandage of the groin. The operation lasted nearly an hour. The affected limb was elevated to 35° from the horizontal, and well wrapped in cotton-wool, gently retained by a roller. Bottles of hot water were placed around it and elsewhere. He was given cracked ice and one-sixth of a grain of morph. sulp. hypodermically.

A diet of four fluidounces of milk every two hours was directed to begin six hours subsequent to operation.

July 16, six hours after operation, I was called to him. The dressing was found to be saturated with blood; about one pint of blood had been lost. He showed much anxiety and restlessness; pulse rapid but fairly good; temperature not much changed. The dressing was removed, and it was ascertained that the bleeding had ceased. The rubber tube had disappeared in the wound, but the outlet had apparently been free, and there was no perceptible accumulation of clots. The bleeding was probably from a small branch that opened into the vein at some point between the ligatures. A fresh dressing with slightly firmer compression was made. Considerable oedema of the extremity was observed. Cyanosis of

the leg, which had been noticeable immediately after the vein's occlusion, was marked. One-eighth of a grain of morphine sulph. and one-two hundredth of a grain of atropine sulph. was administered hypodermically.

After he had tried unsuccessfully to evacuate his bladder, he was catheterized at 5.30 A.M. Urine was free from blood. Morning temperature 99° F. Pulse, 84. Fifteen hours after operation the temperature of each thigh was found to be 94° F. Subsequent observations did not vary materially from this record. The cyanosis gradually diminished.

Wound was redressed; no more hemorrhage; doing well; urine drawn every six hours. A rather tight stricture of the membranous urethra rendered catheterization tedious and painful. Diet of four fluidounces of milk every two hours continued. There was but little pain, and this was referred almost entirely to the right loin. The swelling persisted; its extension below the ankle was not very considerable.

The posterior tibial artery pulse at the ankle was feeble, but perceptible. Evening temperature 100.1° F.; pulse 91. Was given one-quarter of a grain of morph. sulph.

17th. Free movement of bowels procured by one-drachm doses of salts given hourly, as required. Pain in loin persists; he is a little restless. Wound dressed; its condition was excellent. Continued use of catheter; diet unchanged. Not much cyanosis remained; oedema lessening slightly; artificial heat discontinued entirely. Temperature reached its maximum, 100.8° F.; pulse 96.

19th. Daily dressing and previous treatment continued. The rubber drainage-tube was removed. Perfect asepsis maintained.

20th. Two normal evacuations of bladder; color of skin of the affected limb about normal; oedema greatly diminished; limb lowered to the horizontal; pain moderate; it has left right lumbar region, and is felt in the wound for the first time. Bowels moved by Epsom salts; doing well in every way.

21st. Use of catheter discontinued; no pain; rests well; diet continued; lowering of limb followed by no marked increased of oedema.

23d. Continued daily dressing of wound; the discharge consists of about one fluidrachm of sero-pus; healing progressing satisfactorily; removal of superficial horsehair drain; light diet.

28th. Two of the stitches removed; the cotton padding around limb taken off; swelling not marked.

August 1. Last stitch taken out; small horsehair drain inserted in wound.

8th. Daily dressing continued; horsehair gradually removed; about half a fluidrachm of pus escaped daily.

16th. Sat up part of day.

20th. Sat up all day.

27th. Discharged. He walks with a slight limp. Wound healed, except at site of drainage; scarcely any discharge.

September 19. Healing complete. Some swelling after prolonged walking or standing; some stiffness remains. The lower limbs are of equal size on rising in the morning; has returned to work that requires constant standing; general health excellent.

January 17, 1890. For four months he has steadily pursued his avocation with no other discomfort than slight oedema and stiffness, that are constantly lessening.

April 4. Is entirely relieved of all oedema and stiffness, and suffers no inconvenience whatever from the injury.

In conclusion, I wish to set forth some of the facts with regard to treatment and results of wounds of the common femoral vein as taught by cases collected from all possible sources, and tabulated by me:¹

(a) Wounds of common femoral vein, not done in tumor operations, treated by immediate ligation of vein: three cases, including the case I have reported, two deaths from gangrene, and one recovery (the present case).

(b) Ligation of common femoral vein for wounds, not made in tumor operations, after trying and failing with compression: two cases, one death from septicaemia, and one recovery.

(c) Twenty-six cases of ligation of common femoral vein, wounded in extirpation of tumor: sixteen recovered and ten died. Of the ten deaths, three were from hemorrhage, two from recurrence of malignant growth, two from pulmonary oedema, one from pyæmia, one from exhaustion, and one from limited gangrene and exhaustion, and a man forty-nine years old infected generally by sarcoma.

(d) Twenty-seven cases of ligation of the common femoral artery or external iliac artery, and the homologous vein, for wounds made in tumor operations, give six recoveries and twenty-one deaths. Of the twenty-one deaths, twelve were from gangrene, four from septicaemia, and one each from hemorrhage, recurrence of growth, pyæmia, and pneumonia. The cause of death of one case was not given.

(e) Wounds of the common femoral vein, not made in tumor operations, treated by ligation of the homologous artery only: five cases, five deaths; one each from septicaemia, gangrene, shock and exhaustion, and in one instance no cause was given.

(f) Wounds of common femoral vein, not made in tumor operations, treated by ligation of both artery and vein: seventeen cases, giving six recoveries and eleven deaths. Of the eleven deaths, five were from gangrene, four had no cause assigned, and two were from hemorrhage.

(g) Wounds of common femoral vein treated by lateral ligation: three cases, with one death from hemorrhage, and two recoveries.

(h) Wounds of common femoral vein, not treated by ligation of either vein or artery: eleven cases, eleven deaths; four from causes not given, three from hemorrhage, and two each from pyæmia and gangrene.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON OBSTETRICS AND GYNECOLOGY.

Stated Meeting, Held May 22, 1890.

ROBERT A. MURRAY, M.D., Chairman, *pro tem.*
IRWIN H. HANCE, M.D., Secretary.

MINUTES of last meeting adopted.
DR. HANCE then read a paper entitled:

THE IMMEDIATE REPAIR OF INJURIES TO THE PELVIC FLOOR.

In his opinion, many failures, or only partial successes, were due to the non-use of internal vaginal sutures. One can now confidently expect an aseptic condition of affairs during puerperium, hence, the old excuse that the conditions are unfavorable is no

longer valid. The operation about to be described was used by the writer for one and a half years at the Nursery and Child's Hospital. He practically observed three varieties of tears:

1. A clean cut median laceration, starting at the posterior commissure and passing back to a greater or less degree, directly through the middle of perineum.

2. Lacerations of the perineum passing back to the anus, associated with extensive injury to the posterior vaginal wall. The internal tear proceeds upward a little to one side of the median raphé, may extend up on both sides of the vagina, the shorter arm passing more obliquely to the side and forming a Y-shaped tear.

3. Lacerations of the posterior vaginal wall without any rupture through the skin. These tears are usually V-shaped, one arm being much longer than the other; the point of the V being situated at the posterior commissure.

As many of the tears begin in the vagina, from fifteen to thirty minutes before the birth of the head, hemorrhage occurring at this time, none having previously been noted, will arouse suspicion, and digital examination will often reveal the commencing tear. The wounds resemble contused lacerated ones, and in repairing them no pockets or raw surface should be left.

All instruments are to be placed in carbolic; those needed are a medium sized needle, holder, pair of scissors, thumb forceps, tenaculum, catgut. Patient is placed in lithotomy position, and vaginal douche 1-3000 given.

Labia are separated, and the posterior vaginal wall is brought forward by the finger in the rectum. The first suture is introduced at the highest point of the internal tear, and from here they are brought down to the external wound. Each suture passes completely around the tear so as to bring the deeper parts into apposition. The external wound is then closed from behind forwards. When another branch of the tear extends up along the opposite side of the vagina this should be sutured in the same manner as, and after, the first. In division 3 it may be necessary to insert buried sutures, because of the depth of the wound. Catgut sutures were always used; some allowances should be made, in tightening them, for subsequent oedema. Another douche is then given; iodoform suppository introduced, and antiseptic pad placed over genitals.

After Treatment.—Bandage legs for twenty-four hours. Catheterize only when necessary. Iodoform suppository night and morning, after cleansing external genitals with antiseptic solution.

Open the bowels by the third day and keep them open.

Advantages.—The edges of the wound are brought into perfect apposition from the start.

All hemorrhage is controlled.

The insertion of the sutures through the bruised vaginal tissues causes but little pain.

Fewer sutures are needed externally.

It leaves no pockets for the formation of puerperal ulcers or accumulation of lochia.

Patient is relieved of all anxiety concerning the removal of sutures, which last about seven days.

It, in my opinion, restores the pelvic floor more nearly to its normal condition than do other operations.

Objections.—It is tedious and slow, but the better results justify the extra time and trouble.

Other simpler methods should give equally good results. But they don't, as is shown by the frequency of

¹For these cases I am chiefly indebted to the papers of H. Braun, "Archiv. für klin. Chir." vol. xxviii, p. 620; Koretzky, "Archiv. f. klin. Chir." vol. xxxvi, p. 617; Maubrac, "Arch. Gén." Jan., 1889; Walsh, "Trans. Med. and Chir." vol. lxxi, p. 237; "Med. and Surg. Hist. of War of the Rebellion."

the secondary operation, after the primary has failed, and by statistics.

Liebmann, reports 103 lacerations :

Complete cure	49
Partial	7
Failures	17

Steinmann, 98 operations :

Complete cure, about 44 per cent.	
Partial " " 13 "	

Bidder, number not stated :

Complete cure.	47.6 per cent.
Partial "	26.9 "

Dr. Page, of New York, gives the only really favorable report, but all his cases were done in private practice, and he further states, that at that time, in 1883, the primary operation was not done in this city, because of its bad results.

Finally, it is objected to because the laity unjustly blame the accoucheur for carelessness or inexperience if lacerations occur. Greater frankness on the part of the practising physician, and an enlightenment of the laity on the facts in the matter, would partly meet this objection. For this purpose I quote the following :

Credé, 1000 deliveries	39.2 per cent. lacerations.
Fassbauder, 150 I paræ	34 " "
" 150 M "	10.6 " "
M. Leibmann, 471 I paræ	30 " "
" 593 M "	4.2 " "
K. Schroeder, I paræ	34.5 " "
" M "	9 " "
Winckel	20 " "
F. E. Beckwith, 200 cases	62 " "
(25 per cent. back to sphincter.)	
I. H. Hance, 106 cases, I paræ, 35.8 per cent. lacerations.	
" " M " 20 " "	

Hence, more than 25 per cent. of primiparæ have perineal lacerations.

The use of catgut sutures for perineal lacerations is most thoroughly considered in an article by H. Keller, of Bern, in which he strongly advocates the use of the continuous suture, beginning at the upper angle of the tear in the vagina. Of 42 cases he had 41 successes ; he reports 26 cases of Bröse, with 23 perfect successes and 2 failures. The writer can add 32 more cases with 28 successes, 3 where there was a fair result, and one failure ; in all 100 cases with only 7 per cent. of partial or complete failure.

Two cases the writer reported :

CASE I.—Lucy T., American, I paræ, July 28, 1887. Head literally driven through perineum. External tear reaching to anal margin, 1½ inches long. Internal tear Y-shaped. One on right side of median raphé 2 inches long. One on left side of median raphé 1½ inches long.

First suture introduced with some difficulty high up on the right hand side, three more closed this tear, three inserted on the left side and four external sutures closed the wound. Fourchette was closed by one or two small, superficial sutures.

October 4.—Success perfect.

CASE II.—Margaret V., German, I paræ, July 28, 1887. Vulva ring small. Delivery of head retarded. Laceration began internally. Episiotomy alone on left side. No further external tear. Internally, tear extended down on right side of rectum to a depth of 3¼ inches. Length of tear on right side, 2¾ inches. Length of tear on left side, 1¼ inches. Episiotomy wound ¾ of an inch.

First and second sutures passed on right side almost wholly by sense of touch ; two deep buried ones were needed to close bottom of wound, two more closed this side and three the left. One closed episiotomy wound, and a few superficial ones restored the fourchette.

August 29.—Result was a success.

In two such cases, which were about as bad as they could have been, the result was no surprise, as past experience warranted the writer in expecting it. Such will be your results also, if you will but give the operation a trial, paying especial regard to all anti-septic details.

Discussion was opened by DR. JEWETT, of Brooklyn, who thought that the percentage of lacerations might be brought below 20 per cent. by slow delivery of the head. Has used both methods of suturing, external and internal ; with latter there is less pain and are especially called for when laceration extends high up. Catgut has been perfectly satisfactory. Does not pass the sutures completely around tear, but deeply through the lips of the wound.

DR. DUDLEY believes the suture material is all important ; always uses heavy catgut taken directly out of the oil of juniper. Delivers all parturients in the Sims' position, and sews them up in same position, with continuous whip-over stitch. Thinks that perineum may be puckered by passing suture all around the tear.

DR. EDEBOHLS considers that primary union is an almost certain result. Has often diagnosed tear during the recession of the head, and thinks that this is a good time to prepare patient and relatives for the operation which should always be done. Uses silk worm gut. Never used less than seven sutures. Had primary union in one case of laceration through the sphincter.

DR. MABBOTT believes in a large number of sutures, and in completely closing the whole wound. Lacerations directly through the median line were rare in his experience.

Reported fifty cases where laceration was over one inch :

28 complete cures.	
15 almost primary union.	
4 partial union of some value.	
2 failures.	

Allows little time to elapse after delivery, so as to have no oozing. After first twenty-four hours uses douches.

DR. MCLEAN considers two external sutures all sufficient. Parts will not retract if sutures are inserted deep enough.

DR. HANKS believes in closing all wounds because you thereby close one point for absorption of septic matter. All his cases successful.

DR. JEWETT thinks that a small number of sutures may allow of the recession of the intervening pelvic fascia.

DR. COR uses as many sutures as in the secondary operation ; looks upon the shock of the operation as slight.

DR. MURRAY thinks if only skin sutures are used you get a puckering up of the Y-shaped lacerations, and you can always feel per vaginam the slightly gaping edges of the internal tear through which infection is more likely to occur ; this accounts for the bad statistics. Does not believe in the use of strong-smelling antiseptics, as these conceal any signs of commencing decomposition of the lochia.

DR. HANCE, in closing, stated too large catgut held too long, and cut out around the edges. This might be attributed to infected gut. It is immaterial whether continuous sutures are used. The point is to use internal suturing in all cases.

DR. COR then read a paper on

ARTIFICIAL PROLAPSE OF THE UTERUS; ITS DANGERS.

The term "artificial prolapse" is of foreign origin, and usually signifies downward traction upon the cervix sufficient to bring it to, or through, the vulva, in order to facilitate diagnostic or operative manipulations. It is recommended chiefly by the foreigners who apparently consider it a simple and harmless procedure. We, however, in this country, are more conservative, and do not resort to it, except under certainly clearly marked conditions.

The subject divides itself into two heads—artificial prolapse of the uterus, as practised for diagnostic and operative purposes; in the former case the patient may or may not be anaesthetized; in the latter such is always the case.

I. Downward displacement of the uterus in order to facilitate diagnosis. The uterus is dragged down with the volsella, and the finger is introduced into either the rectum or vagina; in the former case, to map out the fundus, the adnexa and morbid growths within the pelvis, in the latter for the purpose of exploring the uterine cavity, after previous dilatation of the cervical canal. This manœuvre undoubtedly facilitates the examination of the uterine canal; pressure may, or may not, be made on the fundus from above.

As an aid to diagnosis, it is used more frequently than formerly. It is also certain that we have advanced considerably in the refinement of pelvic diagnosis by having such frequent opportunities to verify our diagnosis after opening the abdomen. Such a superficial diagnosis as that described in Tait's recent work is dangerous, and may lead us to the other extreme in venturing too quickly on radical operations. Experience has shown that it is precisely these doubtful tumors, in which downward traction on the uterus is recommended, which cannot be displaced without danger. All authors mention as contra-indications acute and sub-acute perimetritis and recognized disease of the tubes. The French, however, recommend it as the best means of determining the existence of pyo-salpinx and chronic oöphoritis. To the mind of the reader this is dangerous teaching and shows that we have profited little in diagnosis by the accumulated experiences of the last five years. As a means of diagnosing tumors which are adherent, it is not free from danger; by bimanual examination we ought, in the majority of cases, to be able to tell whether a tumor is of uterine origin or is merely adherent to the organ. Cases should be rare in which it is necessary to dislocate the uterus by downward traction in order to settle this point.

When we come to the second class of cases in which this manipulation is practised for diagnostic purposes—those in which it is necessary to make digital exploration of the uterine cavity—it is evident that the conditions are quite different. The trouble is supposed to be entirely intra-uterine, and the uterus is freely movable. Doubtless artificial prolapses may be done under these circumstances with a minimum of danger, after the examiner is thoroughly convinced no contra-indications exist. The writer would even here limit its application, and would prefer to insinuate the finger into the previously dilated uterine canal, and then gently press the uterus down upon it from above. In leaving this branch of the subject, the writer would state his belief that, in view of the recent advances in pelvic diagnosis, artificial prolapses should rarely be practised for the purpose of determining the relations of abdominal tumors, and never in cases of adherent intra-pelvic growths, whether tubal or ovarian.

II. Downward displacement of the uterus, in order to render the field of operation more accessible. A vital distinction must here be made between actual traction with the volsella and the mere steadyng of the organ with a tenaculum.

This extreme traction renders the parts more accessible during the removal of intra-uterine growths, trachelorrhaphy, amputation of the cervix, or vaginal hysterectomy, and also sensibly diminishes the hemorrhage. Do these advantages counterbalance the dangers? which may be stated as follows:

1. Overstretching of the already relaxed supports of a heavy uterus, so that they do not recover their former tone.

2. Overstretching and tearing of peri-uterine adhesions, thus setting up fresh inflammation.

3. Injurious traction upon a pyo-salpinx, or abscess of the ovary. In this condition we are deprived, by the patient's being anaesthetized of a most important danger signal—the expression of pain by the patient.

The writer has seen several well-marked cases of serious pelvic inflammation following such excessive traction; as far as possible septic infection has been excluded from this number. Outside of a private hospital we are compelled sometimes to operate on the cervix before every vestige of former inflammation has disappeared, and when the uterus is not freely movable.

During the past five months the writer has noted the following cases of peri-uterine inflammation apparently directly due to traction during operations:

CASE I.—Laceration of cervix. Uterus fairly movable. Pelvis abscess and protracted convalescence.

CASE II.—Retroflexion, with partial fixation, stenosis of cervical canal. Divulsion and stem inserted. Small pelvic abscess.

CASE III.—Laceration of cervix and perineum. Uterus prolapsed, but retroflexed and somewhat adherent. Low form of perimetritis.

Operation successful from a cosmetic stand-point alone.

CASE IV.—Epithelioma of cervix. High amputation. Acute oöphoritis and peri-oöphoritis.

CASE V.—Epithelioma of cervix, with prolapsed left ovary. High amputation begun, on account of hemorrhage; whole organ extirpated. Parametritis of left side. Patient's life almost lost.

Now is this excessive traction upon the uterus necessary? Rarely. It is sufficient to merely steady, not to drag down the cervix, in trachelorrhaphy; in extirpation more or less traction is essential; but the cervix need not be dragged down to or through the vulva. Traction on a short cervix may so elongate it that an inexperienced operator might cut through the lateral fornix.

In conclusion, the writer would again emphasize the importance of distinguishing between fixation and downward traction on the uterus the dangers of the latter, and the fact that the advantages of artificial prolapse do not, on the whole, compensate for the risks incurred. As an aid to diagnosis it should be allowed to fall into "innocuous desuetude," and in operations it should be practised as a measure of necessity rather than of convenience.

Discussion was opened by

DR. HANKS, who had had such accidents happen in his practice. The injury, however, may be greater than the benefit; it should not be used to diagnose diseases of the adnexa. The parametritis was not always due to too much traction, but to sepsis.

DR. BOLDT had used it with the result of causing

parametritis. It was safer to examine under ether than without any traction. Diagnosis ought to be made without producing artificial prolapse.

DR. DUDLEY had two cardinal rules in examining : always uses the utmost gentleness, and make no traction on uterus where tenderness exists in pelvis. Always operates on cervix with uterus in position, as many acute cases of parametritis are started by too much traction.

DR. MCLEAN thought the abuse of this procedure was confined to trachelorrhaphy ; has done the latter under cocaine without causing any pain until moderate traction was made.

DR. EDEBOHLS questioned whether the results were always due to traction ; another source of trouble is the frequent introduction of the sound, the latter having caused death from sepsis. Thinks that sepsis is more the cause of evil results than traumatism.

DR. MURRAY thought the novice makes too much traction and uses the sound too often. Thinks this is the reason the patient derives no benefit from the operation, although the cosmetic effects are good.

Meeting adjourned at 10:15 P.M.

The Polyclinic.

MEDICO-CHIRURGICAL HOSPITAL.

SCARLET FEVER.

A TKINSON, in speaking on scarlet fever, referred to a prescription that was given to him in his early days of practice :

R.—Pulv. digitalis fol. 3j.
Aquaæ bull. f3vj.

Misce.—Fiat infusio et signe. Give one teaspoonful every hour until you get the physiological effect, namely, lessened heart and pulse beat.

I have used it in many cases, and I am sure I am better able to cope with scarlet fever than without it, or with any other remedy. I never make any drug an adjuvant when I can make it a principal. In the use of digitalis I prefer the infusion, because it seems to me that you get more thorough antidotal effect to the scarlet fever, and is more effective than digitalin or the tincture. A number of physicians have adopted this treatment, with an uniform good result. I claim that you are not so liable to have sequela, such as rheumatism, nephritis, and other complications, by the use of the infusion of digitalis, which is antidotal to the poison of scarlet fever. The moment the drug begins to produce an effect, the child begins to cool off, and the redness goes down and the heart ceases to propel the blood with such rapidity and force. When you have obtained the effect of the drug, continue its use by giving 3ss every four or five hours. You must get the effect of the drug soon, or it is not worth anything, and it must be used from the very commencement of the attack, for the disease is so treacherous that you do not know when a mild case will assume a malignant type. I think by commencing it at first, according to symptoms, you may prevent the malignant effect. I have never seen a case of scarlet fever in which the infusion was used have dropsy as a sequel. I had one case where rheumatism occurred, but I explained this from the fact that the child had been taken from its warm bed and allowed to play in a cold entry. In many instances where the attack is mild I use digitalis for the first twenty-four hours ; but where the symptoms have become rapid and bad, the point

where good can be done is past. It is always safe to use it from the first, as it will not do any harm. Explain to the parents the nature of the remedy you are using, and explain to them its action, so that they can be guarded in its use, and not allow it to cause toxic symptoms. The doctor urged every student to try the remedy fairly, and report to him the results obtained.

CHRONIC ECZEMA.

This man has chronic eczema with infiltration of the skin. He has also been troubled with furuncles, and was given calcium sulphide, gr. 1*l*. Sulphur is one of the best agents to give where you have a condition such as is found in this man's skin. Sulphur, in small doses, acts as a tonic to the mucous membrane ; it acts on the glandular tissue, and overcomes the morbid products that get in the blood in eczema and impair the liver. Sulphur causes the bile to flow, and in small doses it is a most admirable remedy in chronic eczema and psoriasis. It is one of the most neglected remedies. I would say in this man's case, in place of giving arsenic, to give sulphur, gr. iij-v, in pill or powder, three times a day. Locally apply this ointment :

R.—Ung. hydrarg. nitratris 3ij.
Ung. zinci benz. 3j.—M.
—Shoemaker.

CHRONIC ECZEMA.

Here is a new case that has come in for treatment, and is a case of chronic eczema of the limbs due to varicose veins. We will give him :

R.—Ext. hamamelis fluid 3iss.
Glycerin 3j.

M.—Sig. Take a teaspoonful three times a day in water. The leg is infiltrated, covered with crusts and scales, and itches and burns him. Let him have externally :

R.—Beta naphthol gr. v.
Camphor gr. v.
Hydrarg. chlor. mitis gr. x.
Ung. zinci benz. 3j.

Misce.—Fiat unguentum et signe. Apply locally.
—Shoemaker.

PSORIASIS.

Shoemaker also showed a well-marked case of psoriasis, and gave :

R.—Sulphur sublim. gr. x.
Sig. Take three times daily.

Externally he directed the man to use an ointment :

R.—Beta naphthol 3ss.
Camphoræ gr. xv.
Ung. aquæ roseæ,
Ung. zinci benz. aa 3j.

Misce.—Fiat unguentum et signe. Use locally.

JAUNDICE.

Drachm doses of phosphate of soda with small doses of calomel, frequently repeated, make the best combination for jaundice in pregnant women or in children. Give until free biliary passages occur.—Stewart.

FISTULA.

Fistula in ano, which is a manifestation of tuberculosis, whether complete or incomplete, should be incised and packed with iodoform gauze, and allowed to heal from the bottom by granulation. It should heal in a week or ten days. Where there are many openings, convert them into one, curette thoroughly, pack with gauze, and allow to heal.—Laplace.

CONSTIPATION.

In a child suffering from habitual constipation glycerine suppositories act much better than other remedies.—Atkinson.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, June 7, 1890.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.

THE TIMES AND REGISTER,

REPRESENTING THE

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THE MEDICAL REGISTER.

THE POLYCLINIC.

THE AMERICAN MEDICAL DIGEST.

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THE CONGRESS AT BERLIN.

THE present indications are that the Congress at Berlin will be remarkably well attended. Our French confrères have, we believe, decided not to hold aloof in a body, though the number of their delegation will not be large. In America, considerable dissatisfaction has been expressed over the fact that the party which opposed the last congress has obtained control of the American committee, and the West and Southwest are not represented. But the attractions of a trip across the ocean are too great, and the congress too good a plea for the vacation, to be resisted; and it is quite certain that all parts of our country will be fully represented at this great gathering.

As far as the utility of the trip in a scientific sense is concerned, much more benefit and satisfaction will result from attendance upon the meeting of the British Medical Association at Birmingham. "The best governed city in the world" presents many attractions in itself; as a hive of industry whose products go to every corner of the world; the most noted laparotomist of the present day; the great hospital where an extraordinarily large number of patients are attended by an extraordinarily small number of doctors; and many other objects of interest are to be found in the home of "Brummagem." We say nothing of the advantages of hearing discussions in the English language, or at least what passes for it in these islands; for many of our American physicians are equally proficient in French and German.

There is one class among us to which this trip is almost a duty. We refer to those who, thoroughly indoctrinated with the opinions based upon pathological investigations, the followers of Virchow and his school, have received the bacteriologists' deductions somewhat as they would a flood which threatens to sweep them off their feet. Those whose beliefs are based upon reasoning rather than tradition are difficult to move; they are open to conviction, but slow to change. Conscious of the tendency of the masses to leave the path of reason and rush off after every false light which arises, they are confirmed in their conservatism by observation. To this class, what an opportunity presents itself! To see the ven-

erable Virchow and his illustrious co-workers, who elaborated the cellular pathology; Koch, and the men who have built upon this foundation an edifice which the former as yet declines to accept as legitimate; to hear from the great men of both sides their reasons for the belief that lies in them; and, hearing, seeing, to apply each for himself that personal equation which is impossible in the printed reports. To those who are open to conviction, discussion offers opportunities which cannot be supplied in any other manner. He who objects has a duty to his fellows, as well as he who promulgates new doctrine. New things are not necessarily good things; and the progressist must have his conservative rudder.

For these reasons we look upon the coming congress as of singular importance; as it will probably mark an epoch in medical belief; signalizing the triumph of the bacterial pathology, or the definition of objections to it, which will postpone its general acceptance temporarily, or permanently.

To many of our readers we feel compelled to say: "Attend this congress: it is a duty you owe to yourself and to medicine."

Annotations.

D R. E. S. MCKEE, Cincinnati, Secretary of the Mississippi Valley Medical Association, desires reprints or copies of papers read before this Society last year, to complete the transactions. The next meeting will be held at Louisville, Ky., October 8, 1890, and a large programme and attendance is expected. Gentlemen desiring to read papers please to send titles in to the Secretary as soon as possible.

LA GRIPPE AND LIFE INSURANCE.

A N investigation of the statistics of 29 life insurance companies during the first quarter of 1890 shows that their losses by death amounted to \$11,845,432, an increase over the corresponding quarter of 1889 of 22.8 per cent. The increase in the amount of insurance was 13.7 per cent., leaving a balance to be attributed to la grippe of 9.1 per cent. The total losses by pneumonia, bronchitis, and influenza amounted to \$2,845,644, an increase over 1889 of 146.6 per cent.; and this sum constituted 21.7 per cent. of the total losses. The epidemic appeared to be most fatal among the older policy holders.

Letters to the Editor.

SCREW WORM.

I NOTICED an article in one of your recent editions, giving an account of a plan adopted by an ingenious M.D. to rid a man's nose of screw worms. The object of this communication is to set him right in regard to the nature of the fly. You speak of blow fly. The screw worm fly is not a *blow fly*, but is a *viviparous* fly, depositing its young directly on fresh wounds or blood, and is ready for business as soon as deposited. It never approaches putrid matter, but always fresh wounds. J. L. IRVIN, M.D.

MONTGOMERY, TEXAS.

Paris Letter.

TREATMENT OF MALIGNANT MEASLES.

PROF. DIEULAFOY gives a case in which he used cold baths with great success, and this new departure has created considerable comment from the advocates of older treatment; but the popular young professor has enough enterprise and authority to carry the day. At the same time, the idea of cold baths in measles is enough to make the older members of the profession wag their heads. Dr. Dieulafoy's case was one of a young girl of sixteen, who was taken with an attack of measles, and all went as usual until the end of the sixth day, when the urine was suppressed and great excitation followed, with insomnia and dry tongue. The eruption remained normal, but the temperature was greatly exaggerated, while the pulse went up to 120-150. On the eighth day the general condition was still worse. Collapse seemed imminent; and as the condition was similar to that seen in scarlatina of a malignant type, Dr. Dieulafoy ordered cold baths. At five o'clock the same day, when the temperature was 110° F., a bath was given at 25° centigrade (77° F.). She was taken with a shiver and her teeth chattered, while she became livid, and, for a moment, the case looked very serious; but on pouring cold water on the head the pulse fell rapidly to 110 and became regular, and, as she warmed up the water, more cold was added. She was afterwards allowed to stay wet in a simple dressing-gown, and in five minutes afterward fell asleep, and awoke in an hour and a half to urinate quite freely, after an anuria that had lasted for thirty-six hours. At midnight a second bath was given at 39° , and a third at 38° at three o'clock A.M. In the morning vanilla ice-cream was given to the patient, and the baths continued every three hours. On the third day the baths were discontinued, and the patient cured.

Professor Dieulafoy thinks that all the malignant manifestations in infectious diseases have common characters. There is first a primitive infection that becomes malignant without our knowing why. This is the true malignant fever of the old writers. Besides this there are secondary infections that complicate many cases; but if the characters of malignancy are studied, it will be found to be the same thing, whether the disease be typhoid fever, scarlatina, measles, or small-pox; the clinical aspect is always the same, and, as Dr. Dieulafoy is a strong partisan of cold baths in typhoid fever, he thinks that this form of treatment should be applied to all malignant states, and that it will give the same results as in cerebral rheumatism. Dr. Juhel Renoy stated that he had also used cold baths in two cases of measles that had broncho-pneumonia, and met with perfect success; M. Duphonchel followed with two cases in which he had tried the same treatment; and it may be said, in short, that cold baths are a symptom treatment that may be applied to all cases where we see a development of a hyperthermia that may carry off the patient. Dr. Henri Huchard, however, said that he had tried cold baths during an epidemic of small-pox, and the effects were rather doubtful.

TREATMENT OF ENLARGED TONSILS.

The Paris Société de Chirurgie has brought out the fact that it is rare nowadays to find a surgeon who does tonsillotomy, or uses the tonsillotome on children; at least, so that hemorrhage is not at all frequent

at present from the ablation of the tonsils. Dr. Quenu, in speaking of a recent case, says that he is astonished to find that any one should propose tonsillotomy in a child. For four or five years in all, the surgeons have taken to galvano-puncture in all cases of enlarged tonsils, and, in fact, there is little or no danger of hemorrhage in its use. The thermo-cautery is not used, as it not only frightens children, but often makes burns in the parts near by, while its cauterization is often insufficient. The cauterization should be profound. The advantages of galvano-cauterization in such cases is of course that the cautery can be applied cold, and the child does not see the fire at all. Two or three points should be made into each tonsil. Cicatrization occurs in ten or twelve days, and the tonsil is now divided in two or three parts, so that its subsequent division can be accomplished in a second operation, without trouble or danger of hemorrhage, and without the use of chloroform.

Some of the other surgeons did not wish to reject entirely the use of the tonsillotome, as they found that galvano-cautery took some time. M. Quenu, however, replied that it must be owing to the cauterization not having been made deeply enough, and in at least three places. One of the surgeons, Dr. Verneuil, having said that he had often removed both tonsils at the same moment, so as to give less trouble to the patient than by two operations, Dr. Championnière replied with the history of a case in an adult, where dangerous haemorrhage set in after ablation of only one, and he asked the question what he should have done, if he had cut both out at the same operation. It is probable that in most cases there is no danger, but serious hemorrhage *may* occur in any given case, without any sign that will tell of its occurrence beforehand.

ANTISEPTIC TREATMENT OF TONSILLITIS.

While on this subject, it may be well to give the modern medicinal treatment for tonsillitis. As it is now to be considered as an infectious malady, antiseptics are in order. This may be used first, for buccal antisepsia:

R.—Borate or benzoate of soda 3ijss.
Hot water 3vj.

Dissolve, and add :

Tincture of myrrh gr. lxxv.
Blackberry syrup 3j.

M.—Ft. gargle.

Or the following :

R.—Resorcine gr. xv.
Distilled water f3vj.
Blackberry syrup f3j.

M.—Ft. gargle.

Then brush over the tonsils, several times a-day, with the following :

R.—Glycerine 3v.
Camphor gr. xv.
Carbolic acid gr. xv.

M.—Use as above, with camel's-hair brush.

ON ABORTION.

One of our bright French medical writers tells a story, in a late number of the *Clinique de Bruxelles*, that has a practical bearing on medical practice, in regard to abortion, which it would be a pity to lose; as it shows how the modern tendency to study medical symptoms by women is put to account by unscrupulous persons. It seems our worthy doctor has a lady send for him, who begins by saying: "I understand, Doctor, that you cured Madame X. of a seri-

ous womb trouble?" The doctor admits that he had treated a lady of that name successfully, and the patient explains that she had heard of it, and that, unfortunately, she was suffering from great trouble in the same organ; and she proceeded to describe her symptoms so clearly that our doctor thought she was giving him the chapter *Endometritis* direct from the best authors. What troubled her most, she said, was hemorrhages; just as though her monthlylies were too abundant, and she found that they lasted for over a week and came back every two weeks, or at most every three weeks; "and, Doctor," she continued, "it only stopped yesterday, and I was ill for a week, and fear that it will only return again shortly." However, she explained, she had no other loss except of blood. The doctor had a speculum with him, by chance, and, on examination, he found the os rather large and slightly opened; and, by palpation (the lady said it was *extremely painful*), he found the uterus enlarged. All this accorded with the story that the lady told, and only catheterization of the uterus would clear up the diagnosis and explain the internal state of the organ, and the cause of its change of volume. All, so far, was in strict accordance with the patient's statements. The doctor explained to the lady that he would have to see her later, as he had not with him what he required to clear up the diagnosis. She seemed much disappointed, and regretted that he had not brought *all his instruments*. The next day he had the lady's husband to call, who wished to know what was the matter with her, and he put him off for a day or two. Up to this, all was correct; but the same day a lady patient of the doctor called, who gave him the key to the matter. It seems that the first lady had learnt off by heart the symptoms of endometritis, and every time that she thought she was pregnant, she went to different doctors and told her story, and succeeded in getting them to pass a uterine sound, under the idea that they had a case of endometritis in hand. This had succeeded three times, and coming to the knowledge of the last lady, she prevented our doctor falling into the plot to deceive him. He learnt, some seven months afterwards, that the patient had not succeeded, as she had just given birth to a child. Here is a new danger that modern knowledge has put in the doctor's path.

MODERN ANTISEPSIS.

A very good take off on the disciples of Lister is that published in the *Journal de Médecine*. It says that antisepsis should be complete, or else it is only an illusion; therefore, the student who leaves his medical college should bear away with him a few precepts in regard to the antiseptic precautions that he should take when he gets into practice. Every morning he should take a good soap bath; and those that have any hair left after the hard study should pull it out, as it is well known that hair carries thousands of microbes. However, the eyebrows may be left, if they are washed every day with a solution of bichloride of mercury, as they are useful for ocular hygiene. The nasal cavities should be carefully *curetted*, and it would be prudent to fill them with iodoform gauze during the day. It need hardly be said that the ears must be douched, and meet with the same attention as the nose. The mouth, being a dreadful micro organism trap, must have special care. It would be well to take out the teeth and replace them by false ones, which should be kept in a nice carbolic acid solution when not needing them for eating. It would also be prudent to wash out the stomach and rectum every day, as

those profound cavities are apt to expel gaseous matters that are full of danger to the patients, being charged with bacilli. A spray apparatus should be kept going in the doctor's carriage by the motion of the wheels, and of course it must be washed constantly; and the wheel grease must be carbolized oil. The coachman's box can be replaced by a steam heater, to keep the instruments in; and every time the doctor goes to see a patient he should change his clothes in the carriage, and put on another suit, taken out of the steam box sterilizer, and disinfect the extra suit in the drive to the next patient. In all cases the doctor must be careful not to shake hands with any body, as he may pass them a microbe or two. His prescription paper should be washed with a strong solution of carbolic acid, and the pen should be well passed over the flame of an alcohol lamp before using it.

When any of his patients die, the doctor should not make any more visits for a week, during which time he should reside on top of a mountain or with his mother-in-law, both of which are recommended as microbicidies. From time to time the doctor *may* go out to dinner, but he must sit at a little table by himself; and he had better eat with his fingers, as the forks and knives have not been put into either carbolized solutions nor even in a hot oven. Of course, he should bring with him a disinfected napkin, or a sponge; and he should eat nothing that has not been boiled, while his drinks must have all been distilled. If the doctor marries while in practice, it will be well for him not to see any patients for some time. The life of the patients and your reputation depend on these wise counsels being strictly followed.

ALKALINE TREATMENT DURING PREGNANCY AND NURSING.

Trouseau was apt to say that a contra-indication existed against giving alkaline treatment in these states, and that "*an alkaline cachexia*" could be produced then; and many old-fashioned doctors are afraid to use even bicarb. sodii when women are pregnant, or when they are nursing, even if they have hepatic colic. The idea is that the foetus in some way makes a compression of the bile ducts or canals; but this is really not so. Dr. Grellety, of Vichy, showed, at a late meeting of the "Société de Therapeutique," that alkaline treatment could be given in large doses to women who are pregnant, without the slightest danger of a cachexia following it; on the contrary, the cure of serious hepatic colic followed the use of a Vichy cure of three weeks' duration. Another case of a young woman who had hepatic lesions, and was nursing a child as yellow as herself, was able to take an alkaline cure one month after the birth of her child, which she was nursing; and great benefit followed for both mother and baby. The general opinion of the society was, that it was well to protest against this *alkalinophobia* which has extended to people of the world, and they fancy when an alkaline treatment is prescribed that they are to be weakened. The alkaline waters and salts are rather exciting than debilitating, and can be used even in anaemia and chlorosis. Dr. Personne said that he himself had taken as much as thirty grammes a day, for a month, of bicarbonate of soda, and his stomach was much improved, while his blood was in no way impoverished. He had often prescribed as much as eight to ten grammes of sodii bi carb. per day in cases of vomiting during pregnancy, with success. So that the opinion may now be stated

that alkaline treatment in no way produces a cachexia; but, rather, the contrary has been proved. It is of course possible that an abuse of alkalines is made by some patients, and that it may reflect on them, and weaken them if not needed.

TREATMENT OF GASTRALGIA.

Having had excellent results from the following prescription in severe cases of gastralgic pain, we recommend it to the attention of our readers. It consists in utilizing the analgesic effects of narceine and cocaine added to pepsin or pancreatin in a French elixir called after Garus, and which has been given for many years in France in gastralgia.

R.—Pepsin or pancreatin	gr. xv.
Cocaine (hydrochlorate)	gr. ss.
Narceine	gr. jss.
Garus' elixir ¹	15viiij.

M.—Sig. Give a tablespoonful before each meal.

A tablespoonful of this contains two centigrammes of pepsin, three milligrammes of cocaine, and one centigramme of narceine.

THOMAS LINN, M.D.

Book Reviews.

REPORT OF THE BOARD OF TRUSTEES OF THE MUTE AND BLIND INSTITUTE OF THE STATE OF COLORADO. For the Biennial Term, ending November 30, 1888.

A report full of encouragement and record of growth.

FORTY-SEVENTH ANNUAL REPORT OF THE MANAGERS OF THE STATE LUNATIC ASYLUM AT UTICA. For the Year ending September 30, 1889.

The crowded condition of the wards of this institution demand increased facilities for the accommodation of the patients. A year full of prosperity in all of the departments.

A RATIONAL BRACE FOR THE TREATMENT OF CAVIES OF THE VERTEBRA (POTT'S DISEASE.) By CHARLES F. STILLMAN, M.Sc., M.D., Chicago. Reprint from the *Northwestern Medical Journal*, 1890.

The principle upon which this brace is constructed is a new one in orthopedic surgery, and is original with the writer, and its range of utility is not confined to cavies of the spine, but extends to many other deformities.

A TREATISE ON ORTHOPEDIC SURGERY. By E. H. BRADFORD, M.D., and R. W. LOVETT, M.D. Illustrated by 789 wood engravings. New York: Wm. Wood & Co., 1890. Cloth, pp. 783.

Taking the term orthopedic surgery to include the prevention, as well as the cure, of deformities, the authors have made the work largely a treatise on diseases of the joints. Some nervous affections also have been included, which are discussed from their surgical aspects. Among these are infantile, spinal, and cerebral paralyses, pseudo-hypertrophic paralysis, unilateral atrophy and hypertrophy, and functional spinal affections. In spite of the size of the book, the authors are never verbose; there is no padding. The numerous fine illustrations take up much space, and the matter is expressed concisely. The work is of great value, and we commend it to the notice of our readers.

¹ Elixir de Garus is prepared as follows: Aloes, 5; myrrh, 2; saffron, 5; cinnamon, 20; cloves, 5; nutmegs, 10; alcohol at 80°, 5000; orange-flower water, 200 grammes; vanilla, 5, and syrup of adiantum capillus, 5000.

The Medical Digest.

ITALIAN TRANSLATIONS.

BY DR. W. F. HUTCHINSON.

PROF. CANTANI, of Naples, who has immense opportunities for observation in his great clinic, has lately published notes upon a number of cases of a rare form of fever, which he calls "adeno-typhus." It is characterized by a lower range of temperature than typhoid and a much longer period of duration than that disease, cases being recorded of two, three and even four months.

The typhoid state is absent, the intellectual faculties remaining unclouded, and there is distinct enlargement of the mesenteric glands to a degree that makes them easily felt through the abdominal walls.

—Il Morgagni.

PROF. CANTANI has made his system of enteroclysm, to which THE TIMES AND REGISTER alluded last week, a popular method of treatment throughout Italy, and it has been favorably spoken of in many other parts of Europe.

The apparatus consists of a reservoir, graduated on a glass slide to show the quantity of fluid within, and of a tube, either of metal or rubber, with an anal piece. The whole may be hung at any height on the wall of a room or surgical ward.

By many experiments it has been proved that this is the only apparatus by which the entire surface of the intestinal tube can be irrigated, liquid injected per rectum having escaped by the mouth in several instances.

The following diseases have been successfully treated by the instrument:

1. Obstinate constipation.
2. Impaction of fecal matter in the bowel and consequent occlusion. Here two or three pints of olive oil are thrown into the intestine, and after a short time dissolve the hardest masses and give speedy relief.
3. Incarcerated hernia. Several cases are reported that enteroclysm has relieved, this simple operation taking the place of more formidable kelotomy.
4. Chronic diarrhoea. Almost any astringent may be used, tannic acid having proved especially useful after all treatment by mouth had failed.
5. Entorrhagia.
6. Putrefaction of the contents of the intestine.
7. Typhoid fever. Cantani and others have found enteroclysm of weak solutions of carbolic acid or mercuric bichloride to give invariable good results, when employed in the initial stage.

The instrument is of easy construction and should be in the hands of every practitioner.

—Il Giornale Internazionale.

FRENCH NOTES.

BY A. E. ROUSSEL, M.D.

TREATMENT OF UTERINE COUGH.—The following treatment is applicable only when we have to deal with a purely reflex cough, existing of itself, or accompanied by vertigo and cephalgia, and not in any way connected with any affection of the respiratory system :

R.—Valerianate of quinine	gr. xv.
Infusion of black coffee	15viiij, 3ss.
Simple syrup	3x.

M.—Sig. One, two, or three tablespoonfuls after each meal.

R.—Valerianate of quinine	gr. xv.
Extract of cinchona	gr. xxx.
M.—Divide in ten pills.	
Sig. One pill after each meal.	

Bulletin Médical.

INDICATIONS IN CONGESTIVE CONDITIONS OF THE BRAIN (Hu-hard).—1. We must prescribe, before the hemorrhage, a medication capable of lowering the arterial tension, because the augmentation of the latter is the principal cause of vascular rupture. And, among our remedies, we possess one that has the power to lower the vascular tension and modify the condition of the arterial walls: this is the iodide of potassium.

2. Immediately after the hemorrhage, we should endeavor to provoke vaso-contraction to arrest the progress of the same. We have here a drug which possesses this property: ergot of rye, or rather ergotine, or, better still, ergotinine in subcutaneous injection. (One milligramme of ergotinine corresponds to one gramme of ergot of rye.)

We may use from one to four injections a day of the following solution:

R.—Ergotinine	gr. $\frac{1}{2}$.
Lactic acid	gr. $\frac{1}{2}$.
Laurel water	3ijss.

L'Union Médicale.

PIGMENTATION OF PREGNANCY.—In general, the troubles of pigmentation in pregnant women only show themselves on the face, as a mask or chloasma, and on the whitish abdominal line, which becomes brown. M. Tarnier recently observed the case of a woman, who, having arrived at the term of a normal pregnancy, exhibited on the chest, the thighs and the abdomen, disseminated spots, of dimensions varying between fifty centimes and one franc. These spots are brownish, and the intermediate skin is more pale than in the normal condition. This is undoubtedly due to an unequal distribution of the normal pigment. The woman had an analogous eruption in a preceding pregnancy; the spots commenced with gestation, and disappeared after the confinement.

L'Union Médicale.

TREATMENT OF LEG ULCER (Unna).—The following method brings about a rapid cure without a sojourn in bed.

We commence by soaping the leg around the ulcer, to detach the eczematous layers of skin which we find present. We then heat, in order to liquefy, the following gelatinous pomade:

R.—Oxide of zinc,	
Gelatine (pure)	3ijss.
Glycerine,	
Distilled water	3x.

which we apply with a brush all around the ulceration, for a sufficiently great distance. This gelatine combination contracts in drying, and consequently compresses the varicose veins, causes the œdema to disappear, and brings together as much as possible the edges of the ulcer, thereby producing the best condition for a cure.

The ulcer itself is covered with iodoform and sub-limate gauze; after which a wet roller bandage is applied, and renewed as often as necessary.

La Bulletin Médical.

POMADE FOR IMPETIGO AND ECZEMA (Saalfeld).—

R.—Carbonate of potash	gr. xv.
Olive oil	3ijss.
Oxide of zinc	gr. ccxxv.
Starch	gr. ccxxxv.
Salol	gr. lxxv.
Sulphur	3iss.
Lanoline	3ijj, 3j.

The same author uses for pruritis an alcoholic solution of menthol, 3 to 6 per 100.

LINIMENT FOR BURNS.—

R.—Salol	gr. xv.
Olive oil,	
Lime water	aa f3ij, 3ijss.

La Médecine Moderne.

APPLICATION FOR BURNS OF FIRST AND SECOND DEGREE (Nikolsky).—After having used a boric acid wash and pierced the blisters, we apply, with a brush, the following solution:

R.—Tannin	3ijss.
Alcohol	3ijss.
Ether	3ij, 3v.—M.

MIXTURE FOR CHAPPED HANDS.—

R.—Menthol	gr. xxiiiss.
Salol	gr. xxx.
Olive oil	gr. xxx.
Lanoline	3j, 3v.

Apply with friction twice daily.

SALICYLATE OF MERCURY IN BLENNORRHAGIA (Schwimmer).—For the acute period:

R.—Salicylate of mercury	gr. $\frac{3}{5}$.
Distilled water	3ijj, 3j.

Three injections a day.

In chronic blennorrhagia he employs the following formula:

R.—Salicylate of mercury	gr. $\frac{1}{4}$.
Distilled water	3v.

Journal des Maladies Cutanées, etc.

EXAGGERATED DEVELOPMENT OF THE GENITAL ORGANS IN A LITTLE GIRL OF EIGHTEEN MONTHS.

—M. Crivelli exhibits photographs of a girl of eighteen months where genital organs and pelvic basin are extremely developed. The breasts are equally abnormally voluminous. This child, although of normal size, presents, in effect, the appearance of a girl of sixteen years; the menses have already appeared three times, and lasted about two days, being preceded by malaise with general erythema for twenty-four hours. No other members of the family present similar conditions.—*La Tribune Médicale.*

TREATMENT OF FISSURED NIPPLE (Eloy).—

(a) Preventive Treatment: 1. Extreme cleanliness—after each nursing we should carefully wash the parts.

2. Apply a three per cent. lotion of boric acid.

3. If the areola is sensitive, use the following pomade:

R.—Carbonate of zinc	gr. lxxv.
Glycerine	3j.
Vaseline	3vj, gr. xv.

Or, also, the following:

R.—Tannin	3j, gr. xlvi.
Glycerine	3xijss.
Rose water	3v.

(b) Curative Treatment: 1. Cauterization of the fissure with nitrate of silver stick.

2. Immediately afterwards use the following:

R.—Collodium	3v.
Ether	gr. xlvi.
Hydrochlorate of cocaine	gr. $\frac{1}{10}$.

Or:

R.—Salol	gr. xxx.
Ether	gr. lx.
Hydrochlorate of cocaine	gr. ij $\frac{1}{2}$.
Collodium	3vj, gr. xv.

La Bulletin Médicale.

ON THE TOXIC PROPERTY OF URINE IN EPILEPSY.—Bouchard has demonstrated that 45 c. c. per kilogramme of weight of normal human urine injected into a rabbit, was sufficient to cause death. Deny and Chouppe have repeated these experiments with the urine obtained from epileptics, and found that the toxic action was about the same.

—*Journal de Médecine.*

A RARE CASE OF BRONCHIAL CALCULI.—A woman of thirty years, during a first pregnancy, had an attack of bronchial catarrh, which lasted but a short time. During a second pregnancy the same symptoms reappeared, and she expectorated a bloody sputum containing a small, whitish-yellow calculus. One year afterwards she expelled a second stone, but in the absence of pregnancy. Becoming pregnant again, the patient expelled still another; two years afterwards two other stones are evacuated, after suffering from pain at the apex of the right lung. The year following, auscultation exhibited only a few râles at the base of the right side. An analysis of the symptoms presented by the patient causes the author to attribute the foreign bodies to a mucous origin (bronchial).—*Journal de Médecine.*

ROYAL ACADEMY OF MEDICINE IN IRELAND.—An interesting discussion took place, which we quote from the *Medical Press*, that our readers may see the estimation in which massage is held in Ireland.

Dr. Kendal Franks read a paper on *Massage*. He began by an historical sketch to show that this method of treatment was not a novel one, that it dated back to the earliest times, and was used amongst all nations of the world. It fell into disrepute among physicians and surgeons, because it was allowed to fall into the hands of charlatans and quacks; but that in recent times it had been revived, and had been taken up by leaders in the profession in every country, and owing chiefly to anatomical and physiological advances, massage had secured a position in therapeutics from which it could not well be moved. He then explained its physiological *modus operandi*, and showed that the effects it produced could scarcely be brought about by other means. He quoted cases to show its power in neurasthenia, and quoted one case to show that even when massage is followed immediately by a fall in the temperature of the body, this is not always a contraindication to its use. Another illustration showed how its effects were interfered with by unsanitary conditions, but that a good result immediately followed a change of lodgings. General neuralgic pains, accompanied by sciatica on one side, with a history of fourteen years, was cured by, firstly, nerve-stretching of the sciatic, and, secondly, by general massage. An aggravated case of insomnia, with great depression, existing on and off for years, yielded completely to a course of this treatment. The use of massage in certain paralytical affections was dealt with, and the cases in which it was likely to succeed were indicated. These were illustrated by a history of a case of infantile paralysis, and by a case of complete paraplegia of both legs from the hips down, which followed a severe attack of malarial-typhoid fever contracted in Cyprus. The treatment, which extended over the best part of the year, was followed by complete cure. Mr. Franks advocated a modified system of massage in cases of gout, by which he had found that a fresh attack of disease was long delayed, and immediate relief was speedily attained. In surgical cases, local massage was frequently useful, and produced astonishing results in recent sprains and fractures. In a case of Potts' fracture, massage was

employed eighteen days after the accident, and the patient was enabled to walk with ease, with a freely movable and painless joint twenty-two days later. A boy, aged fifteen (who was exhibited at the meeting), with a transverse fracture of both bones of the leg, was able to raise the leg from the bed, without assistance, on the twentieth day, and was able to walk about, with a light support on the leg, on the twenty-sixth day.

Dr. Cox believed, from what he had read of the experience of Weir-Mitchell, and Playfair, that the importance of massage, carried out in detail, combined with high feeding, rest and isolation, could not be exaggerated; but, of course, bodily exercise achieved better results than massage in stimulating respiration and the circulation of the blood.

Dr. Ormsby said he had had considerable experience of massage since 1880, and he was fully sensible of the utility of that method of treatment in suitable cases; for instance, in the case of a young lady, who for nearly three years occupied a recumbent position suffering from hystero-paralysis, he adopted massage, as part of the Weir-Mitchell treatment, and it proved highly beneficial, after almost every form of treatment had failed; but there were many cases in which hysterical young ladies, when the treatment was abandoned, relapsed. Massage of itself would not suffice. He had more faith in Weir-Mitchell's treatment, which combined massage with seclusion, rest, electricity, and dietetics. While regarding massage as a valuable agent in suitable cases, he was satisfied that it was not a cure-all, and that from its indiscriminate use it was desirable the treatment should be placed on a scientific basis. He held that massage in surgery for recent fractures was wholly out of place, and he could not understand how any surgeon of experience would adopt it in a compound fracture or a Potts' fracture. In the case of the valet referred to it might have been that there was no fracture at all. It was not uncommon to find instances of resident pupils putting up accidents as fractures which, on examination by the visiting surgeon, proved not to be fractures.

Dr. Tobin mentioned that in the northern parts of India he had seen massage adopted to put horses into marketable condition with the minimum expenditure of material. Balls composed largely of ghee and sugar were shoved into the horse's throat, and some hours afterward the animal was massaged at the particular parts where development was desired.

Dr. Wallace Beatty said he had had experience of a remarkable instance, in 1884, of the benefit of massage. An army medical man who had been in India, got intermittent fever and lost the power of digestion, so that he was unable to take anything but milk, and that in small quantity. Any other food gave him heartburn and made him miserable. A physician, who had treated him for two or three months without doing any good, was of opinion that he had malignant disease of the stomach. At length the patient came to him, and he saw him along with Dr. Head. Various things were fruitlessly tried. The patient was losing flesh—from ten stone he went down to seven, and his tongue was constantly furred. As a last resource, he proposed to try massage; and the patient having consented, was placed in the Adelaide Hospital, where his brother, who was a strong man, was also accommodated in order to massage him. In nine days his tongue got clean, he gained a stone in weight, and from that time his progress to recovery went on till he was able to resume duty.

Dr. M. A. Boyd said he had some five or six cases

treated by massage, and two of these with such success as to make a great impression upon him. One was that of a lady, fifty years old, who had sciatica of two years' standing, for which she had been blistered, fired, punctured, and received hypodermic injections of morphine, and even electricity, without avail. At last he tried massage, and, in three weeks, the pain disappeared. The lady remained well for two months, when she got sciatica in the opposite side. After three weeks' treatment by massage the pain disappeared altogether. The other case was one of alcoholic neuritis, which, having resisted treatment by electricity, was ultimately cured by massage. Dr. Franks had omitted to notice that very important group of paralytic cases—namely, paralysis depending on neuritis.

Dr. Alfred Smith said he found massage beneficial in cases of prolapse of uterus, and of accumulations of the pelvis, the products of cellulitis, as he had already detailed in a communication which he read before the Obstetrical Section.

Dr. Heuston observed that he had employed massage with signal success in a case of traumatic paraplegia. A soldier in the Egyptian campaign was occupied at earthworks, which fell in, burying him in the débris. When dug out he was found to be insensible, and upon being restored he had paraplegia. He was sent to the base hospital at Cairo, and thence he was invalided home to Netley, where he was kept for a year, till he could move about on crutches. Having been discharged he went home, and after a couple of years he was able to go about with the aid of sticks. Then he suffered from his bowels and suppression of urine. Having taken him into the Adelaide Hospital, under massage treatment he recovered and was able to walk about in two months, when he was discharged cured.

Dr. Ninian Falkiner suggested the utility of massage in amenorrhœa to bring on the menstrual flow.

Dr. Franks replied: Massage would be found beneficial in infantile paralysis, owing to the great developmental power in the child, while it was not so likely to succeed in arresting progressive atrophy in the adult. Dr. Ormsby's strictures on the use of massage in fractures were founded on theory only. There was no error in diagnosing the fracture, and he was satisfied that the results described had been achieved by massage, which he believed would be the great treatment of the future for fractures. He did not refer to compound fractures, in which he would hesitate to employ massage; nor could he speak positively of the treatment in certain oblique fractures, or fractures about the neck of the thigh bone. But what he claimed for massage was that it induced rapidity of union without deformity by preventing adhesions from forming round joints. As regards the interesting cases referred to by Dr. Smith, he had himself advised massage in a case of retroflexed uterus, for which a pessary was used. The pessary was removed, and, massage having been tried, the uterus became normal, and there was no need to put in a pessary again.—*Med. Press.*

At the Clinical Society of London, Norton reported a case of rectal epithelioma, removed by operation, in which restoration of the functions of the rectum and sphincter ensued. He also referred to a case precisely similar, in which the patient reported good health, no return and no inconvenience, after the lapse of more than a year since the operation was performed. Both operations were in females, and it was questioned whether the mucous membrane could be drawn down as well as in males.—*Med. Press.*

Medical News and Miscellany.

A REPORT comes from Missouri Valley, Iowa, of the destruction of a village by the bursting of a water-spout.

THE Commencement exercises of the Philomathian Society took place last Monday evening in the chapel of the University of Pennsylvania.

Drs. J. N. Walker, Samuel W. Morton, and W. S. Leaming, of Philadelphia, have been among the guests at the Brunswick, Cape May.

AT the annual meeting of the stockholders of the Academy of Music, held on Monday last, Dr. Richard A. F. Penrose was elected a director.

THE recent outrage at Harvard is to be greatly deplored, and we trust that the perpetrators will be discovered, and not only expelled but dealt with according to law.

Now the colleges are beginning to look deserted and students are flocking to their homes, not to be with us again until September, when they will return refreshed by their summer's rest.

To those who desire light reading, combined with history and art, we would call attention to *Leslie's Popular Monthly*. The illustrations contained in this magazine are worth more than the subscription price.

STRATZ, a surgeon of the Dutch colony in Java, reports a series of operations, embracing extra-uterine gestation, malignant ovarian tumor, hematometra, hemato salpinx, pedunculated rugoma, general fibroid uterus pyosalpinx, ovarian cysts, and dilated gall bladder.

MR. MONROE SMITH, of MacKellar, Smiths & Jordan, and his sister, Mrs. John F. Combs, have presented a new steamer for carrying suffering women and children, during the hot months, to the Sanitarium on Red Bank. Among those present at the trial trip on last Saturday were Dr. Eugene Wiley, Dr. W. H. Lord, Dr. Wm. B. Atkinson, and Mr. Wm. B. Warne.

MR. H. W. HANCOCK, the highly esteemed Treasurer of the Medical Press Co., Limited, expects to leave shortly for his cottage at Atlantic City. He will go back and forth almost daily throughout the summer. Mr. Geo. Wharton McMullin, the Assistant Secretary and Business Manager of the company, expects to spend a week during June at this delightful seaside resort.

THE FIRST FEMALE SURGEON IN AUSTRIA.—Medical circles in Vienna are said to be somewhat disturbed by an official order granting to a lady, who had graduated at the Berne University, the right of practising in Austria as an ophthalmic surgeon. Before this time even Austrian gentlemen who had graduated at a foreign university have been prevented from practising in Austria.—*Weekly Med. Review.*

AN Iowa damsel showed her good sense by running away from her home, where she was compelled to practise at the piano for five hours a day. She probably saved herself thereby from a life of chronic invalidism. A girl who would run away sooner than practise so long may be safely assumed to be physically incapable of such a prolonged strain, or devoid of the talent which would warrant the expenditure of time. When we are told, in addition, that she preferred to help her mother with the housework, we are moved to add that some mothers fail to appreciate their blessings.

At the Philadelphia County Medical Society, Wednesday, May 28, Dr. E. E. Montgomery reported Six cases of Vaginal Hysterectomy; Dr. C. K. Mills read a paper on Hysterical Sensory Disorders in Children; Dr. T. R. Neilson reported Two cases of Stricture of the Urethra and Chronic Prostatitis, presenting interesting Reflex Symptoms; and Dr. G. G. Davis reported Two cases, one Intestinal Obstruction, the other Gangrene of the Gut.

THE youngest great-grandmother lives near Pomona, Cal. Her name is Francesca Cordolla, and her age is but fifty years. She was married when but fifteen years old, and her eldest daughter married when she was a little over seventeen years old. Mrs. Cordolla was but thirty-three years old when she was a grandmother. Her eldest granddaughter was married April, 1889, at the age of fifteen years, and now a great-granddaughter is born.—*The Sanitary Era*.

A LONG-FELT want is to be supplied at Atlantic City, viz., the establishment of a hospital. It is to be known as the Atlantic City Dispensary and Hospital Association, and is to be located on Atlantic avenue below Ohio.

Those in charge will be: Dr. Kaemmerer, Consulting Physician; Dr. Thomas K. Reed, Consulting Surgeon; Dr. Boardman Reed, Diseases of Women; Dr. Marvel, Medical Department; Dr. Pennington, Surgical Department; Dr. Pollard, Eye and Ear Branch.

A LOWELL schoolmistress scrubbed a boy's mouth with soap, as a punishment for using bad language. The boy went home, was taken sick, and died of diphtheria. Now, the parents sue the teacher for damages, alleging that the soap transmitted the disease. We have already called the attention of our readers to the difficulty of procuring really pure soaps, and to the bad effects of using those usually found in the market; but this is the first time we ever heard them charged with transmitting the germs of infectious disease.

LEPROSY AT TRACADIE.—A very interesting report on leprosy at Lazaretto, Tracadie, N.B., has been presented to the government by Dr. A. C. Smith, the visiting physician of that institution. He reports twenty persons suffering from that disease now in the Lazaretto, and three deaths as having occurred during the year. Leprosy, he states, is dying out in Tracadie, but as cases were reported appearing in the neighboring districts, Dr. Smith made a special tour of inspection, which resulted in his finding a focus of the disease between Caraquet and Shippagan, and he traced from this center several cases to other settlements. The doctor urges permanent measures of segregation as the only means of stamping out this loathsome disease.—*The Sanitary Era*.

WE understand that the following resolution will be brought before the Medical Society of the State of Pennsylvania :

WHEREAS, The four Hospitals for the Insane under the care of the State of Pennsylvania are at present organized upon either of two radically differing plans, each claiming better results in the medical care of their inmates; be it

Resolved, That the President of the Society be directed to appoint a Committee of thirteen persons, which is to include all the superintendents or chief physicians of such State Hospitals, to investigate into the relative merits of the two systems, and report the result of their deliberations at the meeting of this Society in 1889.

Of the one hundred and twenty-five hospitals for the insane in the United States and Canada, under

State and municipal control, and as incorporated institutions, one hundred and twenty-four have physicians as superintendents, who are also the chief executive officers of the respective boards of trustees. The same arrangement prevails in England, Wales, Scotland, and Ireland, and generally on the continent of Europe.

Now, if this mode of administration is not the best under all the circumstances, why should it be so generally adopted, and institutions which have formerly been differently organized have their management changed to conform to this general plan?

The plain and obvious answer is that this plan of a superintendent who shall be the head of the institution with general direction of all its affairs, with subordinate officers to carry out the details of the management, has been found in every way more efficient, satisfactory and attended with the best results, in a medical and economical point of view.

The following extract from a letter from a gentleman of influence and position, to Dr. Curwen, will explain itself and also make clear some things which may, in some minds, have been heretofore doubtful:

"I have had as many as half a dozen of letters from Dr. Corson, in which he has entered largely into his great experience as a physician, surgeon, and his knowledge especially of the treatment of the insane. These, with his own autobiography, have made his letters tedious to read through. Underlying everything he said, however, his heaviest blows were at superintendents of hospitals in general and you in particular."

June 1, 1890.

JOHN CURWEN.

PENNSYLVANIA STATE MEDICAL SOCIETY.—Programme of the Fortieth Annual Session, adjourned from June 4, 1889, to be held at Pittsburgh.

First Day, June 10, 10 A.M.—The President, Dr. J. B. Murdock, will call the Society to order; Prayer; Presentation of Register of Delegates, Dr. W. B. Atkinson, Secretary; Address of Welcome, Dr. E. A. Wood, Chairman of the Committee of Arrangements; Report of Programme; Introduction of Foreign Delegates and Visitors; Report of Delegates to the American Medical Association and other Societies; Report of Permanent Secretary; Report of Corresponding Secretary; Report of Treasurer; Report of Committee of Publication; Report of Medical Examiners of County Societies; Report of Committee on Medical Education; Appointment of Committee on Unfinished Business; Unfinished Business; New Business; Intermission at 12.30 P.M.

2 P.M. Address on Medicine, Dr. J. C. Wilson, Philadelphia; Address in Hygiene, Dr. T. J. Mays, Philadelphia; Cases of Labor (340), Dr. J. M. Batten, Pittsburgh; Sarcoma of Choroid, Case, Dr. Wm. C. Bane, Pittsburgh; Calling on Counties for Names of Members of Committee on Nominations; Value of Measures over Medicines, Dr. J. Madison Taylor, Philadelphia; Unfinished Business; New Business; Adjournment at 6, P.M. Address of the President, Dr. J. B. Murdock, at 8 P.M., in the Bijou Theatre.

Second Day, June 11, 9 A.M.—Naming Committee on Nominations; Address in Laryngology, Dr. Wm. H. Daly, Pittsburgh; Diet in Therapeutics, Dr. Solomon Solis Cohen, Philadelphia; Trephining in Traumatic Insanity, Dr. Samuel Ayers, Pittsburgh; Needed Legislation in the Treatment of Dipsomania, Dr. T. D. Dunn, West Chester; Report of Committee on Clinical Research, Dr. John B. Roberts, Chairman; Report of Committee on Management of Pennsylvania Hospitals for the Insane, Dr. Samuel Ayers,

Chairman; Unfinished Business; New Business; Recess at 12.30 P.M.

2 P.M. Report of Committee on Nominations; Address on Surgery, The Relations of Bacteria to Practical Surgery, Dr. John B. Roberts, Philadelphia; On the Intraocular Syringe in Cataract Extraction, Dr. J. A. Lippincott, Pittsburgh; Management of Obstinate Dropsies, Dr. James Tyson, Philadelphia; Chemistry of Cooking, Dr. Traill Green, Easton; The Present Status of the Code of Ethics, Dr. J. H. Packard, Philadelphia; The Value of Primary Anæsthesia from Ether, Clinic, Dr. J. H. Packard, Philadelphia; Prolapsus of Rectum in Children, Dr. H. R. Wharton, Philadelphia; Unfinished Business; New Business; Adjournment at 6 P.M.

Third Day, June 12, 9 A.M.—Address in Obstetrics, Dr. Frances N. Baker, Delaware Co.; Rational Midwifery, Dr. J. Milton Duff, Pittsburgh; What should be required of an Abdominal Surgeon, Dr. M. Price, Philadelphia; Suppurating Ulcer of Cornea, Dr. Edward Jackson, Philadelphia; — Dr. O. H. Allis, Philadelphia; Report of Committee to Revise the Constitution of the Medical Society of Pennsylvania, Dr. Wm. M. Welch, Philadelphia, Chairman; Unfinished Business; New Business; Recess at 12.30 P.M.

2 P.M. Address in Mental Disorders, Dr. Alice Bennett, Norristown; The Physiological and Therapeutic Action of Sulphur, Dr. John V. Shoemaker, Philadelphia; The Application of Dry Heat by Steam, Dr. G. M. Shilito, Allegheny; Errors of Refraction Developed by Loss of Accommodation, Dr. G. H. Cline, Jersey Shore; Report of Committee on Medical Examiners, Dr. L. F. Flick, Chairman; La Grippe, or Epidemic Influenza, Dr. A. B. Brumbaugh, Huntingdon; Report of Committee to Confer with State Committee on Lunacy, Dr. H. C. Wood, Chairman; Report of Committee on Pharmacy, D. J. W. Holland, Chairman; Unfinished Business; New Business; Adjournment at 6 P.M.

Fourth Day, June 13, 9.30 A.M.—Reports of Committees; Unfinished Business; Inauguration of President-elect; New Business; Final adjournment at 10.30.

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from May 16, 1890, to May 31, 1890.

WOOD, LEONARD, First Lieutenant and Assistant-Surgeon, having completed, at New York City, the duties assigned him in S. O. 29, April 30, Division of the Pacific, will return to his station in that division.

Leave of absence for one month is granted First Lieutenant Leonard Wood, Assistant-Surgeon.

Pars. 19 and 20, S. O. 115, A. G. O., May 16, 1890.

By direction of the Secretary of War, the following-named officers of the Medical Department will proceed to Berlin, Germany, as delegates to the International Medical Congress which is to meet in that city in August next:

Lieutenant-Colonel Charles H. Alden, Surgeon;
Major John S. Billings, Surgeon.

After the adjournment of the Congress, the officers named will return to the United States and rejoin their proper stations.

By direction of the Secretary of War, Major John S. Billings, surgeon, will, while abroad, under his orders to attend the International Medical Congress at Berlin, Germany, and before returning to the United States, visit, on official business, such points in Great Britain, France, Italy, Germany, Belgium, Holland, and elsewhere, as may be deemed necessary by the Surgeon-General of the Army, and under such special instructions as he may receive from the Surgeon-General.

Pars. 11 and 12, S. O. 116, Headquarters of the Army, A. G. O., Washington, May 17, 1890.

Leave of absence for one month, to take effect as soon after June 1, proximo, as a medical officer can be sent to Fort Lowell for temporary duty, is granted Major J. B. Girard, Surgeon. S. O. 48, par. 1, Headquarters Department of Arizona, May 17, 1890.

Leave of absence for one month is granted Major Charles L. Heizmann, Surgeon. S. O. 39, par. 1, Department of Texas, May 19, 1890.

BENHAM, ROBERT B., Captain and Assistant-Surgeon, is relieved from further duty at Madison Barracks, New York, and will report in person to the commanding officer, Fort Wadsworth, New York, for duty at that station, relieving Captain Charles K. Winne, Assistant-Surgeon.

Captain Winne, upon being thus relieved, will proceed to Fort Snelling, Minnesota, and report in person to the commanding officer thereof, for duty at that post. S. O. 119, par. 2, A. G. O., May 21, 1890.

DE WITT, THEODORE F., First Lieutenant and Assistant-Surgeon, is relieved from duty at Willet's Point, New York, and will report in person to the commanding officer, Fort Ringgold, Texas, for duty at that station, relieving Captain W. Fitzhugh Carter, Assistant-Surgeon.

Captain Carter, upon being thus relieved, will proceed to West Point, New York, and report in person to the superintendent, U. S. Military Academy, for duty at that station.

S. O. 119, par. 2, A. G. O., May 21, 1890.

By direction of the Secretary of War, a Board of Medical Officers, to consist of

Lieutenant-Colonel Anthony Heger, Surgeon;
Major John Brooke, Surgeon;

Major Robert H. White, Surgeon; will assemble at the U. S. Military Academy, West Point, New York, on June 7, 1890, to examine into the physical qualifications of the candidates for admission to the Academy, and, in connection with the Superintendent of the Academy and Commandant of Cadets, the members of the graduating class. Reports of the proceedings of the Board will be forwarded, through the Superintendent of the Academy, to the Adjutant-General of the Army. Special reports will be made in the cases of any graduates deemed to be physically unfit for the military service, and also in the cases of candidates who may be admitted on probation or rejected. S. O. 121, par. 3, A. G. O., Washington, D. C., May 23, 1890.

By direction of the Secretary of War, so much of par. 2, S. O. 119, A. G. O., May 21, 1890, from this office, as relates to Captain Robert B. Benham, Assistant-Surgeon, is amended to read as follows:

BENHAM, ROBERT B., Captain and Assistant-Surgeon, will proceed from Madison Barracks, New York, to Fort Wadsworth, New York, and report in person to the commanding officer of that post for temporary duty.

Leave of absence for one month, to commence on or about June 1, 1890, is hereby granted Major John V. Lauderdale, Surgeon, Fort Ontario, New York. Par. 4, S. O. 123, Headquarters Division of the Atlantic, New York City, May 27, 1890.

Changes in the Medical Corps of the U. S. Navy for the week ending May 24, 1890.

CRANDALL, RAND P., Assistant-Surgeon. Ordered to the Naval Hospital, New York.

BERRYHILL, THOS. A., Passed Assistant-Surgeon. Detached from Hospital, New York, and ordered to Hospital, Mare Island, Cal.

ANDERSON, FRANK, Passed Assistant-Surgeon. Ordered on special duty, Bureau Medicine and Surgery.

VAN REYKEN, W. K., Medical Inspector. Ordered to New York, on special temporary duty.

Medical Index.

A weekly list of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

- Cause of leprosy, Moore. *The Lancet.*
 Constitutional treatment in chronic diseases of women, Madden. *Medical Press.*
 Can we diagnosticate hyperæmia or anaemia of brain and cord? Gray. *N. Y. Med. Jour.*
 Cerebral thrombosis, forty-four convulsions, Axtell. *Ibid.*
 Diseases of mouth, Forchheimer. *Archives of Pediatrics.*
 Dietetic management of summer complaint, Rachford. *Ibid.*
 Destruction of the gall-bladder, Cones. *The Practitioner.*
 Diseased conditions in upper air-passages to so-called nasal reflexes, true relation of, Bosworth. *Med. Record.*
 Die Ruminatio beim Menschen, Einhorn. *Med. Monatsschr.*
 Diseases of the eye in renal disorders, Sinclair. *Memphis Med. Monthly.*
 De l'aconit, Lachapelle. *L'Union Med.*
 Die Eisen-Moorbäd, u. der. Surrogate, Löbel. *Wien. Med. Pr.*
 Des dermatoneuroses, Leloir. *Journal des Mal. Cut. et Syph.*
 Della infezione pneumonica congenita, Viti. *La Rif. Med.*
 Die Cathcart'schen Gelatine-Glycerin-Abgüsse, Ritschl. *Centralblatt für Chirurgie.*
 De la chorée et de son traitement par le salicylate de soude, Dresch. *Bulletin Gen. de Therapeutique.*
 Des complications laryngées de la grippe (influenza), Moure. *Journal de Med. de Bordeaux.*
 Des exhibition-nistes, Magnan. *Le Bulletin Med.*
 De la grippe au point de vue chirurgical, Verneuil. *Bulletin L'Academie de Med.*
 De l'ablation de l'astragale dans la tuberculose du pied, Battaille. *La Normandie Med.*
 Epilepsy caused by imperforate hymen, Somers. *The Lancet.*
 Estimating urea, Heaton. *Ibid.*
 Extirpation of cervix uteri for cancer, Hewitt. *Int. Jour. Surg.*
 Electrolysis in stricture of rectum, Newman. *Jour. A. M. A.*
 Evoluzione del lavoro meccanico del miocardio nel corso delle cardiopatie, Ferrannini. *La Rif. Med.*
 Epithelioma de l'uterus, hysterectomie vaginale, Barette. *L'Année Medicale de Caen.*
 Etude sur l'exstrophie vesicale, Marcas. *Jour. de Med., de Chirur. et de Phar. Milit.*
 Epilessia Jacksoniana prodotti duraturi di sifilide. *Rif. Med.*
 Extra-uterine gestation, Engelmann. *Annals Gyn and Pæd.*
 Estado mental de los epilepticos, Lopez. *Cronica Med. Quirur. de la Habana.*
 Exophthalmic goitre, Reynolds. *The Lancet.*
 Epilepsy, treatment of, by baborate of soda, Russel. *Ibid.*
 Fracture of radius with complications, Brandon. *Med. Age.*
 Functions of nervous system, Gowers. *The Lancet.*
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